

**Jewish Family Services
Jacke W. and Lottie K. Samet Israel Experience Fund Scholarship**

APPLICATION FORM

Date: _____

Name of Applicant: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Cell Phone: _____ e-mail address: _____

Name of School Attending: _____ Grade in School: _____

Are you a member of any Jewish youth organization? _____

If yes, which? _____

Have you held an office in the organization? _____

If yes, what office? _____

Have you attended any Jewish camps or activities? _____

If yes, please describe: _____

Do you belong to a congregation? Which one: _____

Number of years of religious school: _____

Name of public or private school now attending: _____

Extracurricular activities in which you participate: _____

Parent's Marital Status (please check one)

Married Single Separated Divorced Widowed Remarried

If parents are divorced, who has custody? _____

Name Parent 1: _____ Occupation: _____

Home Address/home phone (if different from applicant): _____

Cell phone: _____ E-mail: _____

Name of Employer: _____ Position: _____

Business Address/phone: _____

Parent 1-- Yearly Adjusted Income: \$ _____

(Attach first two pages of most recent federal income tax return.)

Name Parent 2: _____ Occupation: _____

Home Address/phone (if different from applicant): _____

Cell phone: _____ E-mail: _____

Name of Employer: _____ Position: _____

Business Address/phone: _____

Parent 2 -- Yearly Adjusted Income: \$ _____

(Attach first two pages of your most recent federal income tax return.)

Other children/dependents: _____

Reason for grant request and need for financial assistance: _____

Program in Israel: _____

Is this your first peer-trip to Israel? (exclude B'nai Shalom Day School 8th grade trip): _____

Address of program (where payment will be sent): _____

Date: Start _____ End _____

Cost of Program: _____

How much can parents pay toward program expenses? \$ _____

Do you have financial assistance available from other sources? Please identify amount and from what sources:

Amount of Grant Requested: \$ _____

References (for student): Give two unrelated references:

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

I attest that the information on this application is to the best of my knowledge accurate and true. I understand that these funds are provided by the Jacke W. and Lotte K. Samet Israel Experience Fund. All information in this application is confidential and used only to determine a financial award from the Samet Fund.

Signature of Parent

Date

Signature of Applicant

Date

Please return to:
Betsy Gamburg, Director
Jewish Family Services
5509-C West Friendly Avenue
Greensboro, NC 27410-4211

Or fax: 852-4346.

If you choose to e-mail information to us (bgamburg@shalomgreensboro.org) it is important to understand that JFS does not use encryption software and cannot guarantee that email communication is secure.

11/15/2019