

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

APPLICATION FORM

Date: _____

Name of Applicant: _____ Date of Birth: _____

Address: _____

Phone number: _____ E-mail: _____

Name of School Attending: _____ Grade in School: _____

Are you a member of any Jewish youth organization? ____ yes ____ no

If yes, which? _____

Have you held an office in the organization? ____ yes ____ no

If yes, what office? _____

Have you attended any Jewish camps or activities? ____ yes ____ no

If yes, please describe: _____

Do you belong to a congregation? ____ yes ____ no

Name of Congregation: _____

Number of years of religious school attendance: _____

Extracurricular activities in which you participate: _____

Parent's Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed ___ Remarried

If parents are divorced, who has custody? _____

Does someone else other than the parents have custody/guardianship? (Name/relationship):

Parent/Guardian #1:

Name: _____ Occupation: _____

Home Address (if different from applicant): _____

Phone number: _____ E-mail: _____

Name of Employer: _____ Position: _____

Business Address: _____ Business phone: _____

Parent/Guardian #1 Yearly Adjusted Income: \$ _____

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

Parent/Guardian #2:

Name: _____ Occupation: _____

Home Address (if different from applicant): _____

Phone number: _____ E-mail: _____

Name of Employer: _____ Position: _____

Business Address: _____ Business phone: _____

Parent/Guardian #2 Yearly Adjusted Income: \$ _____

(Attach first two pages of 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): ____ yes ____ no

Address of program (where payment will be sent):

Date: Start _____ End _____

Cost of Program: \$ _____

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

