**Israel Programs Scholarship Application**

Congratulations on making the decision for your child to participate in a peer-based Israel experience. Jewish Nevada looks forward to helping you achieve this goal.

**Who May Apply:** A Jewish young adult between the ages of 13 – 22 that is a resident in Nevada for a minimum of 1 year.

**Scholarship Awards:** Scholarship awards will be based upon the merit and achievements of the applicant, length of program, and will be a maximum of $1,500.00, per participant for Israel programs.

***Awards for Israel programs will only be paid to an entity with a US Federal Employer ID number.***

Scholarship award recipients will be notified by email.

**Contact Information:** If you have questions, please contact Jewish Nevada at 702-732-0556.

**Instructions for Application Submission:** Successful applications include ALL of the following items:

* Signed original of this Instruction Page
* Student Information Form and complete responses to all questions
* Parent/Guardian Information Form and complete responses to all questions
* Program/Financial Information Form
* One letters of recommendation from a non-family member. Letters of recommendation must be submitted with the application and will not be accepted separately.
* A letter of acceptance or invoice from the Israel experience that you will be attending.

**The application materials must be submitted in ONE PACKAGE to info@jewishnevada.org.**

It is the responsibility of the student applicant and their parents/guardians to ensure that all application materials are complete, correct and submitted as directed above. Jewish Nevada is not responsible for incomplete, lost or misdirected materials. The successful student applicant must agree to the following:

* Write an informative account of the program, including its importance and meaning to the participant, which may be disseminated and published by Jewish Nevada.
* Allow publication of the scholarship and the participant’s experience in the program.
* Meet with Federation representatives after attending the Israel program.

These criteria and instructions are for the use and guidance of the selection committee and do not confer any rights or expectations upon any applicant.

We agree to the terms of this application.

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Student Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Participant Information**

*Please print or type legibly. Personal information provided herein is for the Scholarship Committee purposes only and will not be disclosed outside the committee.*

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street *(Please make sure address information is clear, as you will be notified by mail of any Scholarship awards)*

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City State Zip

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_

Name of Israel program attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Program contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Israel Program length: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Information

1. Complete Cost of Program your attending. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include all program fees and tuition, transportation and all incidental expenses.)

2. Other sources of financial assistance (list source and amount and indicate if pending or confirmed):

Source Amount Status

a.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that the scholarship doesn’t cover the remaining program balance after all other sources, how would the cost be covered?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The following questions are to be answered by the student applicant. Please provide your typed answers on a separate page and include it with your application. Make sure that your name and phone number is at the top of each additional page submitted.

1. Tell us about yourself. What are your interests, hobbies, etc.? How do you spend your free time?
2. Have you received any honors, awards, special recognition, etc.?
3. Which Jewish camps, programs and/or activities have you attended? Describe your experiences.
4. Have you worked for pay? Which jobs? For how long? Describe your community service projects.
5. If you could have dinner with any person, living or dead, who would it be and why?
6. Have you participated in the Taglit Birthright trip to Israel or any other Israel based program?

*For Selection Committee Use Only:*

*Notes:*

**Parent/Guardian Information (If under age 18, required)**

Please print or type legibly

***Parent(s)/Guardian names:***

Parent 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street

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City State Zip

Parent 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

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City State Zip

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The following questions are to be answered by the Parent/Guardian. Please provide your typed answers on a separate below, and include with the application. Please make sure that your child’s name and phone number is at the top of each additional page submitted.

1. Describe your family involvement in the Jewish community.
2. How will your child benefit from the Israel program for which the Scholarship is requested?