

Jewish Federation Lee & Charlotte Counties

The Joseph Horowitz Israel Travel Grant

GUIDELINES

A completed application, with required attachments, must be received **no later than 8 weeks** prior to trip departure.



Eligibility

- Demonstrate financial need
- Jewish resident of Lee or Charlotte County
- 25 years old or younger
- Applied to an Israel program that is educational or volunteer in nature

Application Process

1. Complete application and obtain required documents.
2. Submit application 8 weeks prior to trip departure.
3. Notification of grant determination will be by letter.
4. Grants will be payable to the program and will be mailed directly to the institution or program sponsor.

Submit this complete application and all of its attachments to:

The Joseph Horowitz Israel Travel Grant Chair
Jewish Federation of Lee & Charlotte Counties
9701 Commerce Center Court
Fort Myers, FL 33908

For more information, please call the Federation office at 239.481.4449 ext. 4

Fax: 239.481.4449 or Email: loriramos@jfedlcc.org



ISRAEL TRAVEL GRANT APPLICATION

Full Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Birth Date _____ Male _____ Female _____

PROGRAM INFORMATION

Israel Experience program _____
 Sponsoring organization _____
 Program term Summer Semester Year Other (Please specify) _____
 Date program begins _____ Date of return _____

FUNDING CHART: Please use the chart below to indicate your program costs and the way you expect to cover these expenses. **Please note:** Your application **CANNOT** be considered unless **COSTS** and **FUNDING** totals balance and a **FEDERATION REQUEST** is stated.

COSTS		FUNDING	
Program/Tuition	\$ _____	Federation Request	\$ _____
Travel to Israel/New York (if not in program cost)	\$ _____	Applicant contribution	\$ _____
Other costs (please specify)		Parent contribution	\$ _____
Spending money	\$ _____	Bar/Bat Mitzvah certificate	\$ _____
Meals not included in tuition	\$ _____	other sources (specify)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total	\$ _____	Total	\$ _____

APPLICANTS FINANCIAL INFORMATION

Employment position _____ Monthly earnings \$ _____
 Work place _____ Hours/week _____
 Address _____ Phone () _____
 How long have you been working at this job?
 Monthly housing expenses: Rent/mortgage \$ _____ Electric \$ _____ Water \$ _____
 If receiving or paying alimony or child support, indicate monthly amount. \$ _____

(If applicant filed a tax return in the previous year, please attach)

IF APPLICANT IS CLAIMED AS A DEPENDENT, FILL OUT THE FOLLOWING:

Parent's/Guardian's Name _____
 Address (if different) _____ City _____ State _____ Zip _____
 Employer & Phone Number _____ Phone () _____
 Monthly earnings \$ _____ Rent/mortgage \$ _____ Electric \$ _____ Water \$ _____
 If receiving or paying alimony or child support, indicate monthly amount. \$ _____
 Other dependents in home: Name & Age _____ / _____ Name & Age _____ / _____
 Name & Age _____ / _____ Name & Age _____ / _____

(If this section has been filled out, please attach previous year's tax return)

APPLICANTS FINANCIAL INFORMATION (continued)

USE THIS SPACE BELOW to explain any special circumstances you feel we should know about, i.e. divorce, separation, illness, child support, etc. (Attach additional sheets if necessary).

EDUCATION

High School _____ Year Fr. So. Jr. Sr. (or) Year graduated _____
 College _____ Year Fr. So. Jr. Sr. (or) Year graduated _____
 Grad School _____ Year 1 2 3 4 (or) Year graduated _____
 Area of Study _____ Current GPA _____
 What scale (weighted or not) _____

List any financial aid, loans, grants and scholarships that you receive. Please include source and amount.

Source _____ Amount \$ _____
 Source _____ Amount \$ _____

(Attach last semester's grade report)

JEWISH INVOLVEMENT

Previous trips to Israel (add extra page if necessary)

YEAR	LENGTH OF STAY	PURPOSE	SPONSORING ORGANIZATION
_____	_____	_____	_____
_____	_____	_____	_____

Previous scholarships awarded to applicant by Jewish organizations or agencies:

ORGANIZATION / AGENCY	PURPOSE	AMOUNT	DATE
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Synagogue Name _____

Check one Reform Conservative Reconstructionist Traditional Orthodox Other: _____

Involvement with Jewish communal activities (including dates and offices held):

SECULAR INVOLVEMENT

Extracurricular activities

Special skills and interests:

Awards and honors:

PERSONAL STATEMENT

Attach a brief statement (up to 1 page) explaining why you choose THIS PROGRAM in Israel.

All information contained on this application is considered confidential; however, if receive a Jewish Federation scholarship, I give Jewish Federation permission to use my name in press releases and other promotional materials.

To the best of my/our knowledge and belief, I meet the eligibility requirements and the information contained on this application is true and correct.

Parent's/Guardian's _____ Date _____

Student's signature _____ Date _____

Send this completed application and all attachments to:

The Joseph Horowitz Israel Travel Grant Chair
Jewish Federation of Lee & Charlotte Counties
9701 Commerce Center Court
Fort Myers, FL 33908