

ISRAEL STUDY/TRAVEL GRANTS AND SCHOLARSHIPS APPLICATION RECOMMENDATION FORM

Submission deadlines are end of October for winter programs; end of November for spring programs; and mid-March for summer, fall, and year-long programs.

Applications received after the deadline may be considered pending availability of funds.

For further information on the application process, please contact Dori Adler at dadler@jewishallianceri.org or 401.421.4111 ext. 179.

*Note: Applicant is responsible for distributing recommendation form to the appropriate contact. Contact is then responsible for final submission to:

Dori Adler 401 Elmgrove Avenue Providence, RI 02906 Attn: Israel Desk

*Applications will not be reviewed until recommendation form is submitted.

Recommendation contact name:		Date:	
I am a(n):	Rabbi/educator Jewish youth group advisor	public/private school teacher family friend/mentor/personal contact	
Applicant na	ame:		
	[Last]	[First]	
Relationship	to applicant:		
	ong and in what capacity have you know	n this applicant?	



2.	The Rhode Island Jewish community supports an Israel experience as an integral part of a person's developing Jewish identity and academic growth. Please share the applicant's relevancy.
3.	Will this applicant be successful in this study/travel program? Please explain.
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4.	Please share any additional information you feel may be helpful to determine candidacy.