

ISRAEL STUDY/TRAVEL GRANTS AND SCHOLARSHIPS APPLICATION

ELIGIBILITY

An Israel travel grant applicant must be:

- ☐ of high school, college, or post-secondary age
- ☐ resident of greater Rhode Island
- ☐ planning to study/travel in Israel in a recognized study/travel program
- ☐ a donor* in good standing to the Annual Campaign of the Jewish Alliance of Greater Rhode Island

RECOMMENDATION

A recommendation is required; please check one of the following:

- ☐ Rabbi/educator
- ☐ Jewish youth group advisor
- ☐ Public/private school teacher
- ☐ Family friend/mentor/personal contact

STIPULATIONS

*A donor in good standing is one whose immediate family has made a pledge to this years Alliance Annual Campaign and is current with past pledges and other financial commitments (such as tuition and fees) for programs offered by the Alliance. Please note no pledge amount is too small to apply for an Israel scholarship.

Applicants who have previously received two years of funding may be considered pending availability of funds.

If you are enrolled in the Gift of Israel and would like to use your funds, please contact adler@jewishalliance.org.

ADDITIONAL GUIDELINES

- Recipients commit to writing a brief article sharing your Israel experience for *Jewish Rhode Island*. This includes photos during your studies or travel, offering our readership an anecdotal account of your experience so others may learn about Israel study/travel opportunities.
- You are willing to speak/present to a youth group, community gathering and/or serve as a representative of the study/travel program.
- In the event your study/travel program is canceled or you no longer wish to participate upon receiving an Alliance award, you agree to return all awards.
- Attach a brief program description upon submission.

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.

PART I: APPLICANT INFORMATION

Applicant's name: _____
[Last] [First] [Middle]

Current address: _____
[Street Address]

[City] [State] [Zip]

Permanent address: _____

[City] [State] [Zip]

Phone: _____ **Email:** _____

Date of Birth: ____ / ____ / ____ **Gender: M** ____ **F** ____
[Month] [Day] [Year]

PART II: ISRAEL STUDY/TRAVEL PROGRAM INFORMATION

Name of study/travel program: _____

Start and end dates: _____

Program website: _____

US address of program: _____
[Street Address]

[City] [State] [Zip]

Name/title of program contact: _____ **Phone:** _____

Date of program payment fee: _____

Program (tuition only): \$ _____ **Does this include room and board?** Y ____ N ____

Estimated room and board: \$ _____

Is this including an estimated round trip airfare? Y ____ N ____

If not, estimated round trip domestic air: \$ _____ **Overseas air:** \$ _____

Have you applied for or received funds from additional sources? Y ____ N ____

If so, which source(s)? _____

Anticipated amount: \$ _____

Please note: The Alliance will not award a sum greater than the cost of the program. Should you receive additional funding sources, you are obligated to report them.

PART III: FAMILY INFORMATION

- a. Do you or any of your immediate family members currently reside in greater Rhode Island? **Y** ____ **N** ____
- b. If so, how many years have you/your family lived in greater Rhode Island? _____
- c. Do you/your family belong to a synagogue? **Y** ____ **N** ____ If yes, which one? _____

Parent/Guardian

Name: _____
[Last] [First] [Middle]

Home Address: _____
[Street Address]

[City] [State] [Zip]

Phone: _____ **Email:** _____

Occupation: _____

Parent/Guardian

Name: _____
[Last] [First] [Middle]

Home Address: _____
[Street Address]

[City] [State] [Zip]

Phone: _____ **Email:** _____

Occupation: _____

PART IV: EDUCATION/JEWISH INVOLVEMENT/COMMUNITY INVOLVEMENT/EMPLOYEMENT

Name of public or private school from which you attend or graduated from: _____

Date of graduation: _____ GPA: _____

Name of college, graduate school, vocational or technical school, if applicable: _____

[Intended] major: _____

[Anticipated] date of graduation: _____ GPA: _____

Degree or certification: _____

JEWISH INVOLVEMENT

List all Jewish activities you have participated in including Jewish camps, programs and synagogues. Provide descriptions and years of participation, as well as any awards, honors, or positions held.

COMMUNITY INVOLVEMENT

List all volunteer programs and positions you have participated. Provide dates and description of participation.

EMPLOYMENT

List employment positions held over the past four years. Provide place of employment, position held, dates worked and immediate supervisor.

PART V: RECOMMENDATION CONTACT

Name: _____

Relationship to applicant: _____

Occupation: _____

Phone: _____

Email: _____

Note: Applicant is responsible for distributing recommendation form to the appropriate contact. Contact is then responsible for final submission. Applications without completed recommendation forms will not be reviewed. Recommendation form can be found at jewishallianceri.org.

***The Alliance will not award a sum greater than the cost of the program. Should you receive additional funding sources, you are obligated to report them.**

By submitting this application I declare that the information provided on this form is, to the best of my knowledge and belief, true, complete and accurate.

Applicant name: _____

Parent/Guardian name: _____

Name of individual completing application: _____ Date: _____

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Note: Only high school and gap year applicants are eligible for financial aid.

I would like:

- ☐ to be considered for financial aid without full disclosure, submitting only this application.
- ☐ to apply for a needs-based scholarship, submitting this application and scholarship supplement.