



APPLICATION FOR FUNDS

From Rhode Island Jewish Community's Gift of Israel Program

Funds are intended for use toward an approved Israel program that provides a significant and meaningful Jewish educational experience. Funds may be used at any time after a student has reached high school, but not later than his/her 27th birthday. The Israel Desk of the Jewish Alliance will consider exceptions on an individual basis.

Name of Participant:		
Name of Educational Trip:		
Please attach a brochure, v	veb print- out or itinerary.	
Dates of trip:	Ler	ngth of trip:
The nature of this trip is:	☐ Peer trip ☐ Synagogue trip	☐ School trip
	☐ Private family trip ☐ Other:	
Cost of Trip: \$		
Current Address:		
[City]	[State]	[Zip]
Phone:		
School:		Age:
Address to where payment	is to be sent:	
[City]	[State]	[Zip]
I have read and understand Jewish Community's Gift of		necessary to receive Rhode Island
Student's Signature:		Date:
Parent's Signature:		Date: