



## Gift of Israel Trip Summary For “Non-Traditional” Trips

Student Name: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Educational Trip: \_\_\_\_\_

*Please attach a brochure or itinerary.*

Focus of Trip: \_\_\_\_\_

Who is the Lead Educator? \_\_\_\_\_

Dates of trip: \_\_\_\_\_ Number of days of trip: \_\_\_\_\_

The nature of this trip is: ☐ Family trip ☐ Synagogue trip ☐ Other: \_\_\_\_\_

Cost of Trip: \$ \_\_\_\_\_

On a separate page, please describe educational components of trip and a brief summary of the itinerary. In addition, please answer these questions:

- 1) Name one or two things you would like to learn more about while you are in Israel:
- 2) Why do you want to learn about these things?
- 3) How will you collect information to help you?
- 4) How will you demonstrate what you have learned once you return?

*Please note that students who participate in individual trips will be required to keep a daily log/ journal to submit upon return. The journal should include the impact of the trip upon the student. Refer to the Gift of Israel Participation Booklet for complete guidelines.*

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to: Jewish Alliance of Greater Rhode Island, 401 Elmgrove Avenue, Providence, RI 02906, Attention: Gift of Israel**