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## ISRAEL SCHOLARSHIP APPLICATION

**Instructions:** To apply for the Israel Scholarship program, applicants must complete the following:

• **AN APPLICATION FORM**

You must complete all parts of this application and mail it directly to the Foundation. Please provide as much of the requested information as applicable. If unable to provide information, please explain.

• **A PERSONAL STATEMENT**

Your application must be accompanied by a letter addressed to the Foundation explaining the reasons you want to travel to Israel and what you hope to gain from the experience.

• **A CONFIDENTIAL INTERVIEW**

You must have a confidential interview with a rabbi or other Jewish communal professional representing a participating Jewish agency to discuss your trip. Following that interview, the professional will then forward a letter of recommendation to the Foundation. If you need assistance in this area, contact the Foundation office.

### APPLICANT INFORMATION

**A) Personal**

Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security \_\_\_\_\_ Applicant's Marital Status \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

**B) Family**

Parent #1 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ If divorced, who is custodial parent? \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

**Other Members of Household**

Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

**C) Education**

Are you currently enrolled as a full time or part time student? Please specify: \_\_\_\_\_  
Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Expected Graduation Date \_\_\_\_\_ Diploma or Degree Sought \_\_\_\_\_  
Future Educational Goals \_\_\_\_\_

**Previous Schooling**

College \_\_\_\_\_ Years Attended \_\_\_\_\_ to \_\_\_\_\_  
High School \_\_\_\_\_ Years Attended \_\_\_\_\_ to \_\_\_\_\_  
Other \_\_\_\_\_ Years Attended \_\_\_\_\_ to \_\_\_\_\_

**D) Employment History**

Are you currently employed on a full time or part time basis? Please specify: \_\_\_\_\_  
Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

**Previous Employment**

Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_

**E) Extracurricular Activities**

Synagogue and/or Jewish Organizational Affiliations: \_\_\_\_\_

Jewish Educational Background (Hebrew school, youth groups, Jewish camps, etc.):

Extracurricular and Volunteer Activities:

Honors and Awards:

**F) Character References**

Please provide names, addresses and phone numbers of at least two people who know you well but are not relatives:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ISRAEL PROGRAM INFORMATION**

Name of Program \_\_\_\_\_

Organizational Sponsor \_\_\_\_\_

Description of Program (Please include objectives, itinerary and staffing. Attach copy of brochure, if available.)

Program Travel Dates \_\_\_\_\_ to \_\_\_\_\_

Deadline for registration or deposit \_\_\_\_\_

Will this be your first trip to Israel? Yes No If not, please state the nature and dates of previous visits:

## FINANCIAL INFORMATION

Please note: Documentation and verification of financial information will be required prior to the award of any assistance.

Please select level of annual income:	APPLICANT	SPOUSE	PARENT #1	PARENT #2
Under \$80,000				
\$81,000 to \$150,000				
Over \$150,000				

Are there any factors you would like us to consider in the assessment of you and/or your family's ability to finance this trip?

## ESTIMATED BUDGET FOR THE ACADEMIC YEAR

SOURCES OF SUPPORT		PROGRAM EXPENSES	
Applicant's Contribution	\$	Tuition and Fees	\$
Family Contribution	\$	Transportation	\$
Organizational Support, Specify Source:		Room and Board	\$
	\$	Other Costs	\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL SUPPORT</b>	<b>\$</b>	<b>TOTAL EXPENSES:</b>	<b>\$</b>

Amount of Scholarship Assistance requested from the Foundation \$ \_\_\_\_\_

**SIGNATURES - I/we hereby certify that the information provided in the application is true and correct.**

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent** \_\_\_\_\_ **Date** \_\_\_\_\_