



# 2021 Israel Program Scholarship Application

**PLEASE MAIL OR EMAIL COMPLETED APPLICATION BY APRIL 30, 2021.**

Mail to: Kaplen JCC on the Palisades, 411 E. Clinton Ave, Tenafly, NJ 07670,

Attn. Shira Zandani, Acting Director, Israeli Center

Email: [szandani@jccotp.org](mailto:szandani@jccotp.org)

Applicants will be invited to schedule an interview with our scholarship committee to share more about your interests and goals in participating in an Israel summer experience, and why you should be chosen. Four scholarships of up to \$1,000 each will be awarded.

Applicant's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ JCC Member:  Yes  No

Address \_\_\_\_\_  
Street City State Zip

Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Cell# \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Cell# \_\_\_\_\_

With whom does the teen reside? \_\_\_\_\_

Siblings (if applicable) \_\_\_\_\_

Extra-curricular activities, special interests: \_\_\_\_\_

Congregation Affiliation (if applicable) \_\_\_\_\_

Jewish Studies (if applicable) # of Years \_\_\_\_\_ School(s) \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

Previous experience in Israel (dates): \_\_\_\_\_

Have you applied for other scholarships? If so, which ones? \_\_\_\_\_



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Program Name, Dates, Complete U.S. Address, Contact Person & Phone Number

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Total Program Cost \$ \_\_\_\_\_

Amount parents will pay \$ \_\_\_\_\_

Amount student will pay (job, savings, etc.) \$ \_\_\_\_\_

Additional scholarships received and from where: \$ \_\_\_\_\_

Amount requesting from Kaplen JCC on the Palisades: \$ \_\_\_\_\_

On a separate sheet, attached to this application, briefly describe your trip, why you want to participate, and how you plan to bring what you learn back to your community.

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

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



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## PERSONAL COMMITMENT FORM FOR JCC ISRAEL PROGRAMS SCHOLARSHIP

In accepting the support of my community to help pay for my trip to Israel, I

\_\_\_\_\_ agree to:

1. Strengthen my knowledge and understanding of my Jewish heritage.
2. Behave in a manner that reflects positively on my home community.
2. Submit 2 photos and captions about my Israel experience to the Kaplen JCC on the Palisades, which may be published in the Jewish Standard, on Facebook, and the JCC website.
4. I agree to volunteer at the JCC within a year of returning from my trip.

Please sign the tear off sheet below, and return it with your application.

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## PERSONAL COMMITMENT FORM FOR JCC ISRAEL PROGRAMS SCHOLARSHIP

I have signed the Personal Commitment form and understand my obligation to volunteer upon my return.

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

I recognize the commitment of my child and will aid him/her in achieving these goals.

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