



Greater Miami Jewish Federation

Israel Program Scholarship Criteria

Thank you for applying for a Greater Miami Jewish Federation Israel Program Scholarship. Please print, complete, and return the application. You may return it using one of the following options:

EMAIL: IsraelOverseas@JewishMiami.org

FAX: 305.576.1403

REGULAR MAIL: Greater Miami Jewish Federation
ATTN: Scholarships
4200 Biscayne Blvd.
Miami, FL 33137

A. Eligibility Requirement:

1. Applicant must be a Miami-Dade County resident or a college student between the ages of 15 and 26 currently attending a Miami-Dade County school.
2. The Application for Scholarship must be received by Federation prior to actual participation in the program.

B. Objective Criteria:

1. Completed Application
2. Letter from applicant explaining any unusual circumstances
3. Copy of tax statements
4. Proof of acceptance into an approved program

C. Approved Programs:

1. Educational in nature
2. At least 21 days in Israel; exception: college level programs

D. How the Process works:

1. The applicant must submit
 - Completed application
 - Most recent tax return
 - Acceptance letter from an approved program
2. Applicant's information is submitted to the scholarship committee for deliberation
3. Applicant is notified of decision in writing
4. Funds awarded are processed and sent directly to the appropriate programs
5. Post trip follow-up/community service



Greater Miami Jewish Federation

Israel Programs Scholarship Application

PLEASE PRINT CLEARLY

Applicant Information

FIRST NAME _____ MIDDLE _____ LAST NAME _____

MALE _____ FEMALE _____ AGE _____ DATE OF BIRTH: Month _____ Day _____ Year _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

STREET ADDRESS _____

CITY _____ FLORIDA ZIP _____

MAILING ADDRESS, IF DIFFERENT

STREET ADDRESS _____

CITY _____ FLORIDA ZIP _____

PARENT 1

NAME _____

OCCUPATION _____

ADDRESS, if different _____

CITY _____, FL ZIP _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

PARENT 2

NAME _____

OCCUPATION _____

ADDRESS, if different _____

CITY _____, FL ZIP _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

Israel Program Information

PROGRAM NAME _____

PROGRAM DATES _____

LENGTH OF PROGRAM _____

PROGRAM COST _____

Israel Program Payment Information

If application is approved, payment is mailed directly to the program, please provide the correct remittance information below

PAYEE NAME _____

MAILING ADDRESS _____

CITY _____ STATE/COUNTRY _____ ZIP _____

Continued on next page



Additional Information

WHY WOULD YOU LIKE TO PARTICIPATE IN THIS PROGRAM? *Attach additional pages if necessary*

SECULAR AND JEWISH EDUCATION List all High School, Colleges, and Jewish Schools attended

CURRENT GRADE/ YEAR _____ MAJOR (if applicable) _____

MEMBERSHIPS, COMMUNITY INVOLVEMENT, VOLUNTEERING, ETC. (Youth Groups, Hillel, etc.) _____

DO YOU BELONG TO A SYNAGOGUE? IF YES, WHICH ONE? _____

TELL US ABOUT ANY PAST VISITS TO ISRAEL *Attach additional pages if necessary*

Financial Aid

List prior scholarship(s) received from the Greater Miami Jewish Federation for Israel Programs.

AMOUNT/YEAR _____

IS THIS A MASA PROGRAM? YES _____ NO _____

If this is a MASA Program, you may be eligible to receive additional financial assistance from MASA. Visit www.masaisrael.org for more information.

If you have applied to MASA for financial assistance, how much did you receive? _____

HAVE YOU RECEIVED FINANCIAL AID FROM YOUR SYNAGOGUE OR ANOTHER ORGANIZATION? If yes, list from where and the

amount received _____

ARE YOU ENROLLED IN THE GIFT OF ISRAEL PROGRAM? (formerly Passport to Israel) YES _____ NO _____

If so you may consider using accrued funds towards tuition for an Israel Program, call for more information 786-866-8497

WHAT DO YOU HOPE TO CONTRIBUTE TO THE COMMUNITY UPON RETURNING FROM THE PROGRAM? *Attach additional pages if necessary*



Attach additional pages if necessary

Applicant's Signature

_____ **Completed Application**
 _____ **Letter from applicant explaining any unusual circumstances**
 _____ **Copy of latest income tax return (first two pages showing Adjusted Gross Income)**
 _____ **Copy of program acceptance letter**

**or MAIL to: Greater Miami Jewish Federation
ATTN: Scholarship Committee
4200 Biscayne Blvd.
Miami, FL 33137**