



## 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](mailto: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



## 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 \_\_\_\_\_



**Additional Information**

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

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

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CURRENT GRADE/YEAR \_\_\_\_\_ MAJOR (if applicable) \_\_\_\_\_

**MEMBERSHIPS, COMMUNITY INVOLVEMENT, VOLUNTEERING, ETC.** (Youth Groups, Hillel, etc.) \_\_\_\_\_

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**DO YOU BELONG TO A SYNAGOGUE? IF YES, WHICH ONE?** \_\_\_\_\_

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

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**Financial Aid**

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

**AMOUNT/YEAR** \_\_\_\_\_

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**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](http://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 \_\_\_\_\_

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**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*

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