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

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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.

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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

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C. **Approved Programs:**

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

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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____

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

_________________________________________________________

_________________________________________________________

_________________________________________________________

CURRRENT 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

_________________________________________________________

_________________________________________________________

_________________________________________________________

Continued on next page
Other relevant information or special circumstances

Attach additional pages if necessary

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________________________________________________________________________

Applicant’s Signature

Document checklist:

_____ 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

EMAIL to: IsraelOverseas@JewishMiami.org
FAX to: 305.576.1403
or MAIL to: Greater Miami Jewish Federation
ATTN: Scholarship Committee
4200 Biscayne Blvd.
Miami, FL 33137