



Mail all applications to:
Israel Desk, Bureau of Jewish Education
130 Sessions Street
Providence, RI 02906

PART III: PERSONAL STATEMENT

Please respond to the following questions on a separate piece of paper:

- 1) Why do you want to spend time in Israel?
- 2) Why did you choose this program?*
- 3) What do you hope to gain from this experience?

Please attach a program brochure (or web-print out) to this application.

PART IV: Family Information

Please respond to the following questions:

- 1) How many years has your family lived in Rhode Island? _____
- 2) Does your family belong to a synagogue? _____ If so, which one? _____
- 3) Please fill in the information below for each parent/guardian:

Parent /Guardian	Parent/Guardian
Name: _____	_____
Home Address: _____	_____
_____	_____
_____	_____
Home Phone: _____	_____
Email: _____	_____
Occupation: _____	_____
Business Name: _____	_____
Business Phone: _____	_____



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PART V: Education, Employment and Community Involvement

Education

Name of Public or Private School from which you graduated: _____

Date of Graduation: _____ GPA: _____

Name of College, Graduate School, Vocational or Technical School now attending (if applicable):

(Intended) Major: _____

Expected Date of Graduation: _____ GPA: _____

Name of graduate school now attending (if applicable): _____

Degree: _____ Expected Date of Graduation: _____

Employment History and Community Involvement

1) Employment Record: *Please list positions held over the past three years*

Place of Employment	Position Held	Dates	Contact Person
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2) Which Jewish camps, activities or programs have you attended? Provide description and years of participation, as well as any awards, honors, or positions held.

In the event my chosen trip is cancelled or I do not participate after receiving my award, I agree to return all grants and financial aid.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____