



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

## Bureau of Jewish Education of Rhode Island Israel Grants and Scholarships

Grants are available to all high school, college and graduate students who are Rhode Island residents planning to study in Israel in a recognized study/travel program. The Rhode Island Jewish community supports an Israel experience as an integral part of a student's education and growing Jewish identity. **Applications are winter 2010/spring 2011 are due by November 15, 2010.**

**Directions:** Check off the boxes for the grants/scholarships for which you are applying.  
*Check all that apply.*

- Grant:** Leonard I. Salmanson Fund of JFRI  
**Eligibility:** All Rhode Island students are eligible for non needs-based grants from this fund. In addition, there are needs-based funds available without full financial disclosure.  
**Requirements:** Submit General Grant Application form (pages 1-5; includes personal statement and recommendation form from rabbi or teacher). Interview required.
- Scholarship:** Graubart Irving Scholarship Fund of JFRI and Lillian and Sidney Ross Fund of BJE/RI  
**Eligibility:** All high school students are eligible to apply for a needs-based scholarship.  
**Requirements:** Submit General Grant Application (pages 1-5; includes personal statement and recommendation form from rabbi or teacher.) Interview required. Family must complete Needs-Based Application (pages 6-9), including full financial disclosure and tax returns.
- Scholarship:** The Marohnack Zionist Memorial Fund of JFRI  
**Eligibility:** All high school students are eligible to apply for this needs-based scholarship; special consideration is given to recent immigrants from the Former Soviet Union.  
**Requirements:** Submit General Grant Application (pages 1-5; includes personal statement and recommendation form from rabbi or teacher.) Interview required. Family must complete Needs-Based Application (pages 6-9), including full financial disclosure and tax returns.
- Scholarship:** Joel H. Zaiman Fund of JFRI (Funded by the Alperin-Hirsch Family)  
**Eligibility:** All high school students are eligible to apply for this grant.  
**Requirements:** Submit General Grant Application form (pages 1-5) includes personal statement and recommendation form from rabbi or teacher). Interview required. Student must demonstrate academic achievement and commitment to community service. Award is granted to one participant per year.



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**Israel Travel Grant Application  
High School Students**

*If applying for a needs-based scholarship, please complete this application in addition to the application for needs-based funds.*

**DEADLINE: November 15, 2010**

**PART I: GENERAL DATA**

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**PART II: ISRAEL PROGRAM INFORMATION**

Name of Program: \_\_\_\_\_ Starting and Ending Dates: \_\_\_\_\_

Address where payment is to be sent: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Contact name at organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost of Program (tuition only): \_\_\_\_\_  
Does this include Room and Board? \_\_\_\_\_ If not, how much is Room and Board? \_\_\_\_\_  
Does this include airfare? \_\_\_\_\_ If not, how much is domestic air? \_\_\_\_\_ Overseas Air? \_\_\_\_\_

Have you applied for or received funds from additional sources? \_\_\_\_\_  
If so, from where? \_\_\_\_\_

How much is the awarded or anticipated grant/scholarship? \_\_\_\_\_



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### **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 Currently Attending: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Please check the appropriate boxes below (check all that apply):

- I attended Day School from grades \_\_\_\_\_ to \_\_\_\_\_,  
Name of school: \_\_\_\_\_
- I attended a supplementary Hebrew school and/or a Sunday school from grades \_\_\_\_\_ to \_\_\_\_\_,  
Name of school: \_\_\_\_\_
- I am currently participating in high school Judaic studies program from grades \_\_\_\_\_ to \_\_\_\_\_,  
Name of school: \_\_\_\_\_
- I have graduated from a high school Judaic studies program  
Name of school: \_\_\_\_\_ Date of graduation: \_\_\_\_\_
- I plan to graduate from a high school Judaic studies program  
Name of school: \_\_\_\_\_ Date of intended graduation: \_\_\_\_\_
- I do not attend any formal program of high school Judaic studies.

\*A high school Judaic studies program may be a Day School, The Harry Elkin Midrasha Community High School or a Synagogue Confirmation Class.

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

Place of Employment	Position Held	Dates	Contact Person



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**Community Involvement:**

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

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I pledge to continue my Jewish studies at an approved school of Judaic studies through the 12th grade or until I graduate from or complete the program. I understand that should I not continue, I will be responsible for returning that part of the grant which was based on my current and intended level of Jewish education. All my course-work is complete; if not, arrangements have been made with my principal and teacher to complete it in a timely fashion.

In addition, all current financial obligations to the above mentioned school have been met. Should either of these conditions not be met, I understand that my grant will be readjusted.

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.

**Check one:**

- I would like to be considered for financial aid without full disclosure (submitting only this application). Complete pages 1 – 5.
- I am also submitting the application for a needs-based scholarship. Complete pages 1 – 9.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Needs-Based Israel Travel Scholarship Application**

1. This application must be completed by parent/guardian in full and must be signed below.
2. A true, signed photocopy of your completed IRS federal tax return as filed for the previous year must accompany this application. Use of any other form may necessitate return of your application.
3. In order for your application to be given consideration, it must be received by the Israel Desk no later than **November 15, 2010.**

**Applications that are not in conformance with the above rules will not be considered.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Relationship to applicant: \_\_\_\_\_





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**PART II: Financial Information**

*PLEASE NOTE: The Ross and Graubart Irving Scholarships are need-based scholarships. All questions must be answered in full. Please write -o- or none where necessary. All information supplied here will be kept strictly confidential.*

**Assets**

Cash	\$
Investments – Bonds and Stocks	\$
Accounts and Notes Receivable	\$
Current Evaluation of Real Estate Owned	\$
Cash Value of Life Insurance	\$
Year and Make of #1 AUTO	\$
Year and Make of #2 AUTO	\$
Other Assets Itemized	\$
Alimony (if applicable)	\$
Child Support (if applicable)	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**Liabilities**

Notes Payable – Unsecured	\$
Notes Payable – Secured	\$
Loans on Life Insurance	\$
Real Estate Mortgage	\$
Installment Loans (Number) ____	\$
Payments at \$	
Credit Card Balances	\$
Federal, State, Local Income Taxes	\$
Other Liabilities (Itemize)	\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>
<b>NET WORTH (ASSETS – LIABILITIES)</b>	<b>\$</b>

**Sources of Income**

Business Income Net State Source	\$
Salaries and Wages – Gross	\$
Commission – Net	\$
Rent – Gross	\$
Other Income Net State Source	\$
<b>ANNUAL INCOME</b>	<b>\$</b>



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*Please describe your child's outside activities such as other tuition (tutorials, summer camping, etc.) Use additional paper if necessary.*

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**PART III: Parent Certification**

***Please note:** The BJE/RI will not award a sum greater than the cost of the program. Should you receive other grants, you are obligated to report that information. In the case that you receive funds from other sources, the maximum sum that the BJE/RI will allot will not exceed cost of the program.*

Parent's Certification

Signatures of both (if applicable) parents are required on the bottom of this page.

*We declare that the information provided on this form is, to the best of our knowledge and belief, true, complete and accurate.*

Signed:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**All Needs-Based Scholarship Applicants must also fill out a General Application for a Grant from the Salmanson Fund (pages 1-5).**