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APPLICATION FORM
Jewish Federation of Greater Pittsburgh
/i-connect Israel Scholarship
c/o Amy Karp
Agency for Jewish Learning
2740 Beechwood Boulevard
Pittsburgh, PA 15217
PHONE: 521-1101, ext. 3204

For Official Use Only
Application rcv'd _____
Program verified _____
Date of interview _____
Approved _____ Amt \$ _____
Date of payment _____

Deadline for all applications is April 30, 2011

Required Accompanied documents: 1) Program Description _____ 2) Acceptance Letter _____
3) Reference Letter from Rabbi or Youth Director or Teacher _____

Student Name _____

Name(s) of Parent(s)/Guardian(s) _____

Family Address (Pittsburgh Area) _____

City: _____ **State:** _____ **Zip** _____ **Phone:** _____

Email address: _____ **Birthdate:** _____ **Grade:** _____

(You may use the back of the application to complete your answers.)

Educational Background: (Name of school; major; subjects; and, vocational objectives)

Jewish Education: (Please give synagogue affiliation; knowledge of Hebrew; schools and Jewish camps attended)

History of Participation in Community Service or Jewish Youth Activities:

Israel Program Information? (Name and address of sponsoring program; indicate where payment should be made; please enclose a copy of the program description----**NO APPLICATION WILL BE ACCEPTED W/O THIS INFORMATION COMPLETED.**

DEPARTURE DATE: _____ **RETURN DATE** _____

To date, have you been accepted? YES _____ NO _____

First Trip to Israel? YES _____ NO _____

If No, state the year , length of stay and program in which you participated. _____

Will you also be completing the Jewish Federation Need Scholarship Form? YES _____ NO ____
(This must be requested from Amy Karp)

Please list other scholarships for which you have applied: _____

Have you received an i-connect Israel Scholarship before? YES _____
IF SO, WHEN? _____

Give reasons for your desire to participate in an Israel Program:

Why do you believe the community should underwrite part of your Israel experience?

Would you be willing to write an essay or speak about your experiences upon your return?
YES _____ NO ____

Signature of Applicant

Interview Date request for out of town students: _____

APPLICANTS STATEMENT FOR CANCELLATION: I agree to notify the Jewish Federation of Greater Pittsburgh/ i-connect ISRAEL SCHOLARSHIP PROGRAM of cancellation of my plans so that the scholarship money may be refunded in full. In the event that I leave my program before its completion, I agree to notify the Jewish Federation of Greater Pittsburgh/ i-connect ISRAEL SCHOLARSHIP PROGRAM so that funds can be returned to them pro-rated.

Signature of Applicant

****PARENTAL CONSENT FOR MINORS:** I give my child permission to go to Israel on the above program. I understand and agree that the Jewish Federation of Greater Pittsburgh/ i-connect Israel Scholarship Program has no liability for any injury or loss that may occur during this Israel program.

Signature of Parent or Guardian

Many parents, regardless of need, wish to have their children receive an incentive scholarship from the Jewish Federation of Greater Pittsburgh/ i-connect ISRAEL SCHOLARSHIP PROGRAM. These scholarships demonstrate the community's encouragement of an Israel experience. Parents who wish to increase the availability of funds for this purpose may do so by sending a contribution to the Jewish Federation of Greater Pittsburgh i-connect ISRAEL SCHOLARSHIP PROGRAM: c/o AMY KARP, AGENCY FOR JEWISH LEARNING, 2740 BEECHWOOD BOULEVARD, PITTSBURGH, PA 15217