



## ISRAEL EXPERIENCE CENTER 2010 ISRAEL SCHOLARSHIP APPLICATION

Live. Love. Learn Jewish.

*The objective of the Israel Experience Center is to encourage and enable every St. Louis Jewish teen to participate in a quality educational Israel experience. It is our intention to maximize the number of teens going to Israel by making the Israel experience available, accessible, and affordable.*

*The Israel Experience Center provides need-based scholarship assistance to help make those trips affordable. Generous funding is made available from the St. Louis Jewish Federation's Sam, Charles and Mamie Rich Education Fund.*

**To be eligible to receive financial aid, the applicant must:**

- Demonstrate family financial need
  - Be a resident of the St. Louis, Missouri metropolitan area
  - Be a high school student
- 
- **Limited funds are available for interest-free loans and can be awarded for up to \$500. Repayment begins six months after the loan is received and must be paid in full at the end of two years.**

I am applying for (*check either or both that apply*)

\_\_\_\_\_ Need-based Scholarship

\_\_\_\_\_ Interest-free Loan

***All applications are held in strict confidence and the committee review process is anonymous.***

**PLEASE RETURN COMPLETED APPLICATION TO:**

**Israel Experience Center  
Central Agency for Jewish Education  
12 Millstone Campus Drive  
St. Louis, MO 63146**

*For any questions regarding this form, please contact  
Karen Rader at (314) 442-3756 or [krader@cajestl.org](mailto:krader@cajestl.org)*

***Applications received by April 19, 2010 will be considered at the  
first scholarship committee meeting.***

**PLEASE TYPE OR PRINT NEATLY IN BLACK INK**

**I. APPLICANT GENERAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

High School \_\_\_\_\_ Current Grade \_\_\_\_\_

Synagogue \_\_\_\_\_

**II. FAMILY/GUARDIAN INFORMATION**

**Parent/Guardian:** Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ If part time, number of hrs. worked \_\_\_\_\_

Length of Employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

**Parent/Guardian:** Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail address \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ If part time, number of hrs. worked \_\_\_\_\_

Length of Employment \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

**Parents' Marital Status:**

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Both Deceased \_\_\_\_\_

**SIBLING INFORMATION** – *please DO NOT provide names and only include dependants listed on your 2008 income tax return.*

Child 1	Age _____	School _____	Grade _____
Child 2	Age _____	School _____	Grade _____
Child 3	Age _____	School _____	Grade _____
Child 4	Age _____	School _____	Grade _____
Child 5	Age _____	School _____	Grade _____
Child 6	Age _____	School _____	Grade _____

**III. APPLICANT'S BACKGROUND INFORMATION**

**Community Involvement**

*Tell us about yourself; extracurricular activities, clubs, hobbies, youth groups, Jewish activities, work experience, etc. If more space is needed, attach additional page(s).*

Have you been to Israel before?

Year \_\_\_\_\_ Length of Stay \_\_\_\_\_ Purpose/Program \_\_\_\_\_

Year \_\_\_\_\_ Length of Stay \_\_\_\_\_ Purpose/Program \_\_\_\_\_

Year \_\_\_\_\_ Length of Stay \_\_\_\_\_ Purpose/Program \_\_\_\_\_

#### **IV. PROGRAM INFORMATION**

Name of Specific Israel Experience Program \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Scholarship check should be made payable to: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Type of Program: Summer \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_ Other \_\_\_\_\_  
(Please specify)

Date Program Begins \_\_\_\_\_ Date of Return \_\_\_\_\_

Why did you choose this particular program?

## V. PROGRAM COST

Program Expenses		Program Funding Sources	
Cost of Program	\$	Passport to Israel Savings (if applicable)	\$
Airfare – Int’l <i>(if not included in program cost)</i>	\$	Applicant Contribution	\$
Airfare – Domestic	\$	Parent Contribution	\$
Spending Money (recommend \$100/week)	\$	Program Scholarship	\$
Other	\$	Synagogue Scholarship	\$
Other	\$	Other Sources	\$
Other	\$	Other Sources	\$
Other	\$	Other Sources	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

Amount of FINANCIAL AID requested \_\_\_\_\_

## PARENTS’ FINANCIAL INFORMATION

- Please attach a copy, IF POSSIBLE, of your 2009 1040 **and** W-2 (s) from the custodial parent (s). If not available, please send us your 2008 1040 **and** the 2009 W-2(s). **Applications must include all of these documents in order to be considered.**
- Other sources of income, not reported on 1040 or W-2, such as child support in 2009 (actual or estimated).
- Special Circumstances: Please explain any special circumstances which might be of help in determining scholarship need. Indicate any unusual expenses or significant changes in income in the last two years or anticipated this year. *If more space is needed, attach additional page(s).*