



# 2024 Israel Summer Experience Scholarship Application

**PLEASE MAIL OR EMAIL THE COMPLETED APPLICATION BY MARCH 10, 2024.**

Mail to: Kaplen JCC on the Palisades, 411 E. Clinton Ave, Tenafly, NJ 07670,

Attn. Shira Zandani, Director of the Israeli Center

Email: [szandani@jccotp.org](mailto:szandani@jccotp.org)

All applicants will be invited to schedule an interview with a small committee to share more deeply their interest in participating in the Israel Summer Experience, and why they should be chosen to receive an award. Up to 4 scholarships, up to \$1000 each, will be awarded.

Applicant's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ JCC Member:  Yes  No

Address \_\_\_\_\_  
Street City State Zip

Home # \_\_\_\_\_ E-Mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Cell# \_\_\_\_\_

Parent's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Cell# \_\_\_\_\_

With whom does the teen reside? \_\_\_\_\_

Siblings (if applicable) \_\_\_\_\_

Extra-curricular activities, special interests: \_\_\_\_\_

Congregation Affiliation (if applicable) \_\_\_\_\_

Jewish Studies (if applicable) # of Years \_\_\_\_\_ School(s) \_\_\_\_\_

How did you hear about this scholarship? \_\_\_\_\_

Previous experience in Israel (dates): \_\_\_\_\_

Have you applied for other scholarships? If so, which ones? \_\_\_\_\_



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Program Name, Dates, Complete U.S. Address, Contact Person & Phone Number

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Total Program Cost \$ \_\_\_\_\_

Amount parents will pay \$ \_\_\_\_\_

Amount student will pay (job, savings, etc.) \$ \_\_\_\_\_

Additional scholarships received and from where: \$ \_\_\_\_\_

Amount requesting from Kaplen JCC on the Palisades: \$ \_\_\_\_\_

On a separate sheet, attached to this application, briefly describe your trip, why you want to participate, and how you plan to bring what you learn back to your community.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## PERSONAL COMMITMENT FORM FOR JCC ISRAEL PROGRAMS SCHOLARSHIP

In accepting the support of my community to help pay for my trip to Israel, I

\_\_\_\_\_ agree to:

1. Strengthen my knowledge and understanding of my Jewish heritage.
2. Behave in a manner that reflects positively on my home community.
2. Submit 2 photos and captions about my Israel experience to the Kaplen JCC on the Palisades, which may be published in the Jewish Standard, on Facebook, and the JCC website.
4. I agree to volunteer at the JCC within a year of returning from my trip.

Please sign the tear off sheet below and return it with your application.

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## PERSONAL COMMITMENT FORM FOR JCC ISRAEL PROGRAMS SCHOLARSHIP

I have signed the Personal Commitment form and understand my obligation to volunteer upon my return.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

I recognize the commitment of my child and will aid him/her in achieving these goals.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_