



2027 Israel Summer Experience Scholarship Application

PLEASE MAIL OR EMAIL THE COMPLETED APPLICATION BY MARCH 14, 2027.

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

Attn: Judi Nahari, *Chief Impact Officer*

Email: jnahary@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? _____



2027 Israel Summer Experience Scholarship Application

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

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 _____



2027 Israel Summer Experience Scholarship Application

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.

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 _____