



**THE FOUNDATION**  
Jewish Communities of Western CT, Inc.

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## **Israel Scholarship Application**

Applications (including the financial statement and one letter of recommendation)  
are due to Donna Albertario at  
THE Foundation, Jewish Communities of Western CT, Inc.  
444 Main Street North, Southbury, CT 06488

Name of Applicant: \_\_\_\_\_ Date of Birth:    /    /

Address: (Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

How many years have you lived in this area? \_\_\_\_\_

Are you affiliated with a synagogue or other Jewish spiritual group? If yes, which one?

Have you had any formal Jewish education? If yes, please describe:

Are you involved with any Jewish community activities or organizations (such as a youth group)?

If yes, please explain your position or involvement within these groups.

When do you plan to travel to Israel? \_\_\_\_\_

Which group or program will you be traveling with?

Describe the basic purpose/ itinerary of your trip (leisure, volunteer work, study, etc.):

What is the total cost of your trip? \_\_\_\_\_

Have you applied for any additional scholarships, stipends or other monies to help finance this trip?

If yes, please explain. \_\_\_\_\_

What is the amount you are requesting from the Foundation? \_\_\_\_\_

In the space below, tell us why you feel you should be considered for this award.

You may also include any other information you would like to share with the committee

*Feel free to use another sheet of paper if more room is needed..*

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**THE Foundation**  
**Jewish Communities of Western CT**  
**Israel Scholarship Fund**  
**Confidential Financial Information**

Please note that all information on this sheet will be held in the strictest confidence.

Name of Applicant: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

List parents' dependents and their ages:

| Name  | Age   | Name  | Age   |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Gross Family Income:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Below \$15,000    | <input type="checkbox"/> \$25,001-\$40,000 | <input type="checkbox"/> \$60,001-\$75,000   |
| <input type="checkbox"/> \$15,001-\$25,000 | <input type="checkbox"/> \$40,001-\$60,000 | <input type="checkbox"/> \$75,000 -\$125,000 |
| <input type="checkbox"/> over \$125,000    |  |  |

Use the space below to provide any addition information concerning your financial need:

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