



**UJA FEDERATION OF NORTHERN NEW JERSEY  
ISRAEL PROGRAMS CENTER**  
50 Eisenhower Drive Paramus, NJ 07652  
Telephone: 201-820-3908 Fax: 201-457-0960

**2009 NEED BASED SCHOLARSHIP APPLICATION  
FOR ISRAEL EXPERIENCE PROGRAMS**

Participant's Name: _____		School: _____	
Address: _____			
Street	City / Town	State	Zip
Telephone: _____	Parent's E-mail address: _____	Date of Birth: _____	

Father's Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**\*Family Annual Income (Please enclose required 1040 Form):** \_\_\_\_\_

If divorced, do you receive child support for your child? Yes \_\_\_ No \_\_\_

If yes, what is the amount? \_\_\_\_\_ (Please attach copy of divorce agreement)

Number of dependents: \_\_\_\_\_

Relationship to Applicant	Age

Has the participant visited Israel previously? Yes \_\_\_\_\_ Number of visits: \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate when, for how long, and with what program: \_\_\_\_\_

For which program are you applying? \_\_\_\_\_ Cost of program: \_\_\_\_\_

Address of Israel Program (or U.S. address) \_\_\_\_\_

*Scholarship check cannot be sent, unless a mailing address for the program is provided*

Please explain your request for a scholarship \_\_\_\_\_

Have you applied for a scholarship from any other organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the name of the organization and the amount granted: \_\_\_\_\_

**To the Participant:** Please include:

- 1) A one-page essay explaining why you want to participate in the Israel Experience Program
- 2) Two letters of recommendation on letterhead (from principal, teacher, Rabbi, camp counselor)

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

**Application Deadline February 27, 2009**