

# Sisterhood Scholarship Application for Participation in a Program/Trip in Israel

\*This may be e-mailed or a hard copy sent to the Sisterhood President

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

a.) Are they member units of Shaare Tefila?                      Yes/No

b.) Is your mother a member in good standing of the Shaare Tefila Sisterhood?    Yes/No

State the purpose of this trip and the nature of your visit to Israel.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tell us what you hope to gain from this trip.

*Please understand that you will be expected to share your newly-gained knowledge and experience with members of the Synagogue within three months of your return from Israel.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the program to which you are applying: \_\_\_\_\_

Name of person in the organization to whom the check will be sent:

\_\_\_\_\_

Address of the program: \_\_\_\_\_

\_\_\_\_\_

Program's e-mail address: \_\_\_\_\_

9.) What is the payment deadline required by the sponsoring organization?

\_\_\_\_\_

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

Date of Submission to Sisterhood Board: \_\_\_\_\_