

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: _____