



**Jewish Federation**  
of Lee & Charlotte Counties

## **JOSEPH HOROWITZ** *Israel Travel Grant*



*Is available*

through TOP Jewish Foundation of Lee & Charlotte Counties and may be used for travel to Israel to participate in programs that are volunteer or educational in nature.



*Our Hope*

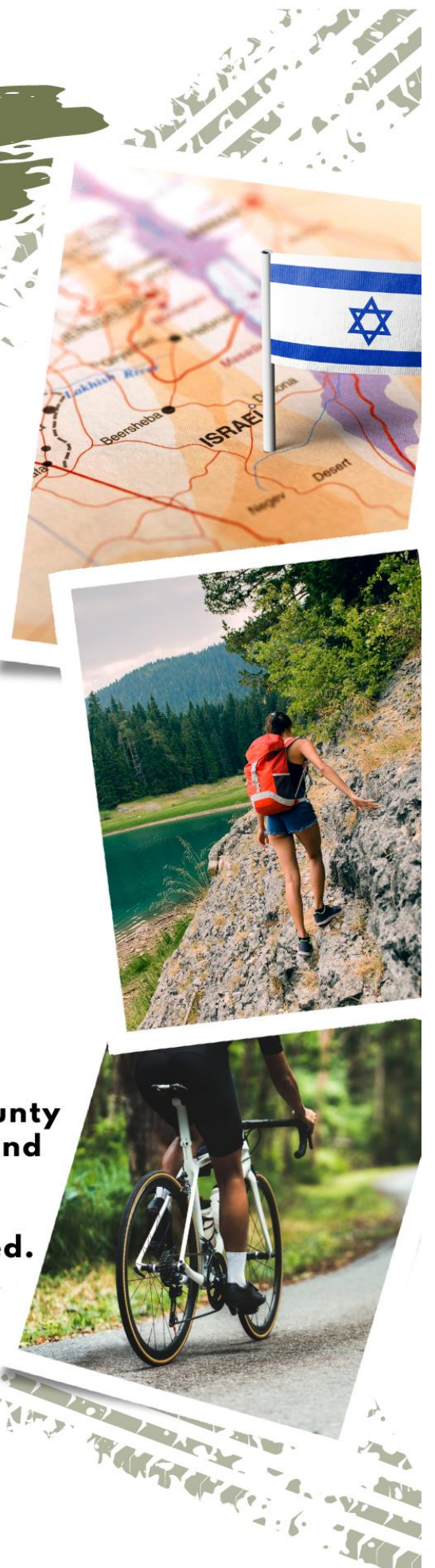
is that this program will enhance Jewish knowledge and identity in preparation for participation in American Jewish life.



*This Grant*

is for Jewish residents of either county who are 25 years old or younger and can demonstrate a financial need. Academic standing and community involvement may also be considered.

**SEE ATTACHED  
APPLICATION**



**ISRAEL TRAVEL GRANT APPLICATION**



Full Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**PROGRAM INFORMATION**

Israel Experience program \_\_\_\_\_  
 Sponsoring organization \_\_\_\_\_  
 Program term  Summer  Semester  Year  Other (Please specify) \_\_\_\_\_  
 Date program begins \_\_\_\_\_ Date of return \_\_\_\_\_

**FUNDING CHART:** Please use the chart below to indicate your program costs and the way you expect to cover these expenses. **Please note:** Your application **CANNOT** be considered unless **COSTS** and **FUNDING** totals balance and a **FEDERATION REQUEST** is stated.

<b>COSTS</b>		<b>FUNDING</b>	
Program/Tuition	\$ _____	<b>Federation Request</b>	\$ _____
Travel to Israel/New York (if not in program cost)	\$ _____	Applicant contribution	\$ _____
<b>Other costs (please specify)</b>		Parent contribution	\$ _____
Spending money	\$ _____	Bar/Bat Mitzvah certificate	\$ _____
Meals not included in tuition	\$ _____	other sources (specify)	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total	\$ _____	Total	\$ _____

**APPLICANTS FINANCIAL INFORMATION**

Employment position \_\_\_\_\_ Monthly earnings \$ \_\_\_\_\_  
 Work place \_\_\_\_\_ Hours/week \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 How long have you been working at this job?  
 Monthly housing expenses: Rent/mortgage \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Water \$ \_\_\_\_\_  
 If receiving or paying alimony or child support, indicate monthly amount. \$ \_\_\_\_\_

**(If applicant filed a tax return in the previous year, please attach)**

IF APPLICANT IS CLAIMED AS A DEPENDENT, FILL OUT THE FOLLOWING:

Parent's/Guardian's Name \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer & Phone Number \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Monthly earnings \$ \_\_\_\_\_ Rent/mortgage \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Water \$ \_\_\_\_\_  
 If receiving or paying alimony or child support, indicate monthly amount. \$ \_\_\_\_\_  
 Other dependents in home: Name & Age \_\_\_\_\_ / \_\_\_\_\_ Name & Age \_\_\_\_\_ / \_\_\_\_\_  
 Name & Age \_\_\_\_\_ / \_\_\_\_\_ Name & Age \_\_\_\_\_ / \_\_\_\_\_

**(If this section has been filled out, please attach previous year's tax return)**

## APPLICANTS FINANCIAL INFORMATION (continued)

USE THIS SPACE BELOW to explain any special circumstances you feel we should know about, i.e. divorce, separation, illness, child support, etc. (Attach additional sheets if necessary).

## EDUCATION

High School \_\_\_\_\_ Year  Fr.  So.  Jr.  Sr. (or) Year graduated \_\_\_\_\_  
 College \_\_\_\_\_ Year  Fr.  So.  Jr.  Sr. (or) Year graduated \_\_\_\_\_  
 Grad School \_\_\_\_\_ Year  1  2  3  4 (or) Year graduated \_\_\_\_\_  
 Area of Study \_\_\_\_\_ Current GPA \_\_\_\_\_  
 What scale (weighted or not) \_\_\_\_\_

List any financial aid, loans, grants and scholarships that you receive. Please include source and amount.

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Attach last semester's grade report)

## JEWISH INVOLVEMENT

Previous trips to Israel (add extra page if necessary)

YEAR	LENGTH OF STAY	PURPOSE	SPONSORING ORGANIZATION
_____	_____	_____	_____
_____	_____	_____	_____

Previous scholarships awarded to applicant by Jewish organizations or agencies:

ORGANIZATION / AGENCY	PURPOSE	AMOUNT	DATE
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Synagogue Name \_\_\_\_\_

Check one  Reform  Conservative  Reconstructionist  Traditional  Orthodox  Other: \_\_\_\_\_

**Involvement with Jewish communal activities** (including dates and offices held):

# SECULAR INVOLVEMENT

Extracurricular activities

Special skills and interests:

Awards and honors:

# PERSONAL STATEMENT

Attach a brief statement (up to 1 page) explaining why you choose THIS PROGRAM in Israel.

*All information contained on this application is considered confidential; however, if receive a Jewish Federation scholarship, I give Jewish Federation permission to use my name in press releases and other promotional materials.*

To the best of my/our knowledge and belief, I meet the eligibility requirements and the information contained on this application is true and correct.

Parent's/Guardian's \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Send this completed application and all attachments to:

The Joseph Horowitz Israel Travel Grant Chair  
Jewish Federation of Lee & Charlotte Counties  
9701 Commerce Center Court  
Fort Myers, FL 33908

For more information, please contact Lori Ramos at 239.481.4449 ext.5 or Email: loriramos@jfedlcc.org