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

2009 MERIT SCHOLARSHIP APPLICATION FOR ISRAEL EXPERIENCE PROGRAMS

Participant's Name: _____ School: _____ Grade: _____

Address: _____
Street City / Town State Zip

Telephone: _____ Date of Birth: _____

Parents E-mail Address: _____

Father's Name: _____

Mother's Name: _____

Have you visited Israel previously? Yes * _____ Number of previous visits _____ No _____

* If yes, indicate when, for how long, and whether with an organized program: _____

***This scholarship is only available for those who have not previously participated in an organized Israel Experience Program.**

Which Israel Experience Program do you plan to attend? _____

How long is the program? _____

Address of Israel Program: _____

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

To the Applicant: **Please include:**

1) a one-page essay explaining why you want to participate in the Israel Experience;

2) one letter of recommendation.

Participant's Signature: _____

Parent's / Guardian's Signature: _____

Date: _____

Application Deadline:
February 27, 2009