

**HIGH SCHOOL AND COLLEGE STUDENTS ISRAEL  
GRANTS PROGRAM**

**Instruction Sheet for Applicants**

*Please read the entire Application carefully before completing.*

- I. Complete the application by typing or writing in black ink and submit no later than December 15, 2019. Approved grants will be distributed directly to the organization in January/February 2020.
- II. Programs must be sponsored by a recognized Jewish organization or institution and approved by the Jewish Community Federation.
- III. For applicants seeking more than \$3,500 for a year program or \$2,500 for a summer program, (parent(s) or guardian(s) must submit the first two (2) pages of his/her/their most recent U.S. Individual Income Tax Return (1040). If the applicant files a separate return, please submit the first two pages of that form as well.
- IV. Your application must be postmarked no later than December 15, 2019. It is your responsibility to check with the Jewish Community Federation office to be sure your application has been received by the December 15th deadline.
- V. Please send completed application to:

Executive Director  
Jewish Community Federation of Greater Chattanooga  
P.O. Box 8947  
Chattanooga, TN 37414

**HIGH SCHOOL AND COLLEGE STUDENT ISRAEL GRANTS PROGRAM**  
**Program Qualifications and Guidelines**

The Jewish Community Federation (JCF) makes Israel Program Grants available to local Jewish youth. The purpose of the Grants is to provide supplemental financial aid to be applied toward educational and Jewish identity-strengthening programs in Israel. The grants are in amounts up to \$3,500 for year programs and \$2,500 for summer programs per applicant (up to one-half of the program cost).

It is the intent of the JCF to encourage Jewish high school and college-age students to visit Israel. This partial grant reflects the Federation's desire to increase the number of those who will have the opportunity to go to Israel.

Grants will be awarded primarily on merit based upon the applicant's motivations and achievements as measured by the response to the applicant's questions and to personal interview(s) with the selection committee.

Special additional financial assistance may be available. A review of the applicant's financial situation will be requested from the Executive Director of the JCF. Applicants seeking more than \$3,500 for year programs and \$2,500 for summer programs must submit the first two pages of their parent(s) or guardian(s) last years' U.S. Individual Income Tax Return (1040). If the applicant filed a separate return, the first two pages of that form must be submitted as well.

To be eligible for a JCF Grant, the applicant must:

- I. Be at least a rising sophomore in a secondary school which is located within the geographic area served by the JCF; and
- II. Have resided in the geographic area (except college students) served by the JCF for the school year immediately preceding departure for Israel; and
- III. Reside within the geographic area (except college students) served by the JCF for a minimum period of twelve (12) months beginning upon return from Israel; and
- IV. Submit, with the application a proposed service project in any Jewish community to be completed in the 12 months after the Israel program. This may include volunteer activities with any Jewish religious institution, Federation or Jewish organization.
- V. Belong to a family whose head(s) [parent(s) or guardian(s)]:
  - A. Have contributed to the JCF during the twelve (12) months immediately preceding the submission of the grant request; and
  - B. Are in financially current standing with the JCF and use the grant in the calendar year it is awarded for a program in Israel which is sponsored by an educational or religious organization and which is approved by the Israel Program Committee and/or the Executive Director of the JCF. The current programs approved are sponsored by:

B'nei Akiva  
Betar  
B'nai B'rith Youth Organization (BBYO)  
Council of Jewish Federations PROJECT OTZMA  
Habonim Dror of North America  
Jewish Community Centers  
High School in Israel  
Kibbutz Aliyah Desk  
March of the Living  
MASADA  
Livnot U'lehibanot

National Conference of Synagogue Youth  
National Council of Young Israel  
National Federation of Temple Youth (NFTY)  
Ramah  
United Synagogue Youth (USY)  
Young Judaea

VI. Grant Recipients agree to:

- A. Read at least one approved book relating to Israel before leaving for Israel;
- B. Maintain a daily journal while in Israel;
- C. Report on the trip to the JCF Board of Directors (if requested);
- D. Write an article for the *Shofar* based upon the daily journal;
- E. Be prepared to report to various groups (BBYO, Synagogue, Religious Schools and Youth Groups, etc.); and
- F. Participate in an approved service project in any Jewish community.

VII. Each person may receive an Israel Grant ONE TIME -- either in high school or college.

The difference in cost between the program chosen and the grant from the JCF will be the responsibility of the person requesting the grant. It will be agreed before that if a grant is made but unused for any reason during the year, the money, if advanced, will be returned within thirty (30) days of request to the Jewish Community Federation.

The Jewish Community Federation retains the right to limit the number of Israel Grants awarded each calendar year.

Parent(s)/Guardian(s) of the young person(s) granted funds will be required to sign a Liability Release.

A letter of recommendation from an adult other than a family member of the applicant's family must be included with the application. The person preparing the recommendation should be knowledgeable about the applicant's ability to participate in such a program, basing comments on past performance in the Jewish Community and knowledge of the applicant's objectives.

Israel program qualifications, guidelines and application forms are available at the Jewish Community Federation office, 493-0270. Applications must be submitted by December 15 for the following year in which the trip is planned.

\*Project OTZMA participants will receive \$2500.00.

**HIGH SCHOOL AND COLLEGE STUDENT ISRAEL GRANTS APPLICATION FORM**

*(Please type of print in black ink)*

DATE \_\_\_\_\_

**I. GENERAL INFORMATION**

A. PARTICIPANT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

B. PERMANENT HOME ADDRESS \_\_\_\_\_  
NO. & STREET

\_\_\_\_\_  
CITY STATE ZIP

C. PHONE NUMBER \_\_\_\_\_

D. MALE OR FEMALE \_\_\_\_\_

E. APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ F. BIRTHDATE \_\_\_\_\_

G. NAME OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

H. PARENT(S) OR GUARDIAN(S) OCCUPATION \_\_\_\_\_

I. ADDRESS (if different from student) \_\_\_\_\_  
NO. & STREET

\_\_\_\_\_  
CITY STATE ZIP

J. PHONE NUMBER \_\_\_\_\_ K. PARENTAL MARITAL STATUS \_\_\_\_\_  
(Single/Married/Divorced/Widowed)

L. FATHER'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. & STREET

\_\_\_\_\_  
CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_

M. MOTHER'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. & STREET

\_\_\_\_\_  
CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_

N. TOTAL NUMBER OF DEPENDENTS IN FAMILY (including applicant) \_\_\_\_\_

O. NAMES AND AGES OF SIBLINGS \_\_\_\_\_

FOLLOWING INFORMATION. *(Attach an additional sheet if necessary.)*:

NAME \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_  
YEAR IN SCHOOL \_\_\_\_\_ PROGRAM\* \_\_\_\_\_  
NAME \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_  
YEAR IN SCHOOL \_\_\_\_\_ PROGRAM\* \_\_\_\_\_  
\*e.g., B.A., Ph.D., M.D., etc.

Q. FAMILY CONGREGATIONAL AFFILIATION \_\_\_\_\_

R. DO YOU OR YOUR FAMILY CONTRIBUTE TO THE JEWISH COMMUNITY FEDERATION CAMPAIGN?  
YOU: YES \_\_\_\_\_ NO \_\_\_\_\_ FAMILY YES \_\_\_\_\_ NO \_\_\_\_\_

## II. THE PROGRAM

A. NAME AND MAILING ADDRESS OF ISRAEL PROGRAM

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B. NAME OF SPONSORING ORGANIZATION \_\_\_\_\_  
C. DATES OF PROGRAM \_\_\_\_\_

D. PLEASE DESCRIBE BRIEFLY THE PROGRAM FOR WHICH YOU ARE REQUESTING A GRANT. *(Attach a brochure of the program if you have one.)*

E. PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO PARTICIPATE IN THIS PROGRAM AND WHAT YOU HOPE TO ACCOMPLISH. *(Attach an additional sheet if necessary.)*

## III. FINANCIAL DATA

A. PLEASE DESCRIBE THE COSTS OF THIS PROGRAM IN DETAIL. *(Attach an additional sheet if necessary.)*

B. WILL YOU BE RECEIVING ANY OTHER FINANCIAL ASSISTANCE TO PARTICIPATE IN THIS PROGRAM? IF YES, PLEASE INDICATE IN DETAIL THE SOURCE AND AMOUNTS. *(Attach an additional sheet if necessary.)*

C. PLEASE STATE THE DOLLAR AMOUNT OF THE GRANT YOU ARE REQUESTING TO HELP MEET THE EXPENSES OF THE PROGRAM. \$ \_\_\_\_\_

## IV. ACTIVITIES

A. PLEASE DESCRIBE BRIEFLY YOUR EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL OR COLLEGE. *(Attach an additional sheet if necessary.)*

B. PLEASE DESCRIBE BRIEFLY YOUR JEWISH EDUCATION AND ACTIVITIES IN THE JEWISH COMMUNITY. *(Attach an additional sheet if necessary.)*

**ISRAEL GRANTS  
ADDITIONAL FINANCIAL AID REQUEST FORM**

I. PLEASE STATE THE DOLLAR AMOUNT YOU HOPE TO RECEIVE IN ADDITIONAL FINANCIAL AID TO MEET THE EXPENSES OF THE PROGRAM. \$ \_\_\_\_\_

II. \*FINANCIAL NEED WITHIN THE FAMILY UNIT IS CONSIDERED IN AWARDING GRANTS. PLEASE EXPLAIN IN DETAIL THOSE FINANCIAL CONDITIONS WHICH YOU FEEL SHOULD BE BROUGHT TO THE ATTENTION OF THE EXECUTIVE DIRECTOR. (*Attach an additional sheet if necessary. All information is held in complete confidence.*)

III.\*DOES THE FAMILY RECEIVE CHILD SUPPORT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE PROVIDE DETAILS AND AMOUNTS.

IV. \*PLEASE SUPPLY FINANCIAL DATA FROM YOUR MOST RECENT TAX RETURN (FORM 1040).

A. ADJUSTED GROSS INCOME - FAMILY \$ \_\_\_\_\_

B. TAXABLE INCOME - FAMILY \$ \_\_\_\_\_

C. TOTAL FEDERAL AND STATE INCOME TAXES PAID - FAMILY \$ \_\_\_\_\_

D. TOTAL ITEMIZED DEDUCTIONS - FAMILY \$ \_\_\_\_\_

*(Attach the first two (2) pages of your most recent Form 1040.)*

**RECOMMENDATIONS**

FORWARD THE ATTACHED RECOMMENDATION FORM TO A PERSON WHO CAN ATTEST TO YOUR PERSONAL CHARACTER. RECOMMENDATIONS MAY INCLUDE RABBIS, YOUTH ADVISORS, TEACHERS, ETC. *(Attach an additional sheet if necessary.)*

ALL INFORMATION STATED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**CHECKLIST**

HAVE YOU DONE THE FOLLOWING:

\_\_\_\_\_ FULLY COMPLETED THE APPLICATION FORM?

\_\_\_\_\_ SIGNED THE APPLICATION FORM *(must be signed by parent or guardian and applicant)?*

\_\_\_\_\_ ENCLOSED THE FIRST TWO (2) PAGES OF THE MOST RECENT FORM 1040 *(for participants requesting additional financial aid)?*

\_\_\_\_\_ SIGNED THE LIABILITY RELEASE?

\_\_\_\_\_ SENT RECOMMENDATION FORM TO APPROPRIATE PERSON?

**CONFIDENTIAL RECOMMENDATION FORM**

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

DEAR \_\_\_\_\_  
*(Name of Person Providing Recommendation)*

THE ABOVE-NAMED APPLICANT FOR A JEWISH COMMUNITY FEDERATION ISRAEL GRANT'S PROGRAM HAS PROVIDED YOUR NAME AS ONE WHO IS ABLE TO ATTEST TO HIS/HER PERSONAL CHARACTER AND/OR ABILITIES. PLEASE REPLY DIRECTLY TO THE EXECUTIVE DIRECTOR AT THE ADDRESS BELOW BY DECEMBER 15. ALL INFORMATION SUPPLIED WILL BE HELD IN STRICT CONFIDENCE. *(Attach an additional sheet if necessary.)*

SIGNED \_\_\_\_\_

TYPE OR PRINT NAME \_\_\_\_\_

TITLE *(if relevant)* \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

MAIL TO:

Executive Director  
Jewish Community Federation  
P.O. Box 8947  
Chattanooga, TN 37414