



## **Israel Experience Fund Scholarship Application Overview**

### **Application Deadlines:**

**March 1 for Summer Experience**

**June 1 for Fall Experience**

**September 1 for Winter Experience**

**December 1 for Spring Experience**

Grant of \$1,000 per applicant (as of 1/1/19)

Send applications to:

Jewish Community Foundation of New Mexico.

Attn: Erika Rimson, Executive Director

5520 Wyoming Blvd., NE

Albuquerque, NM 87109

Or email: [erika@jcfnm.org](mailto:erika@jcfnm.org)

Grant considerations:

1. Trip must be under the auspices of a recognized Jewish organization.
2. Applicants going on a first-time organized peer experience trip will be given preference over applicants who have previously traveled to Israel.
3. Grant recipients must write an article for the *New Mexico Jewish LINK* newspaper and the JCF website within six months of returning from Israel.
4. First consideration will be given to applicants who are students in NM public or independent secondary schools or graduates thereof in institutions of higher learning.

# Israel Experience Fund Scholarship Application

## Applicant Information

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Name

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Address

City

State

Zip

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Phone

E-mail

Age

**Essay Statement:** In approximately 250 – 350 words, please explain why you have selected this Israel program and how you expect the experience to impact your Jewish identity. Please write the statement on a separate sheet, and attach it to this application form.

## Education Information

### **Jewish Education**

<b>Schools/Synagogues Attended</b>	<b>Dates</b>

### **General Education**

<b>Beginning with most recent, list schools and colleges attended and location.</b>	<b>Dates</b>	<b>Degree &amp; Date</b>	<b>Major</b>	<b>GPA</b>

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**Program Information**

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Name of Program

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Sponsoring Organization

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Address

City

State

Zip

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Cost of Program

Trip Date: From

To

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Description of Program:

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Is this your first trip to Israel?  Yes  No

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If No, include Name, Type and Date of Program Attended

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**Signature of Applicant**

**Date**

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**Signature of Parent or Guardian**

**Date**

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**Printed Name of Parent or Guardian**

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