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ZOA Israel Scholarship Application

ZOA: Pittsburgh
6507 Wilkins Avenue-Suite 102
Pittsburgh, PA 15217-1367
Tel 412-665-4630
Email: pittsburgh@zoa.org

For office use only
Appl. Rec'd.

Program Verified

Deadline for all applications is February 28, 2019. Incomplete applications will be returned and not considered until properly completed and re-submitted by the required deadline.

Application Date: _____

Name Last _____ First _____ Middle _____

Home Address Street _____

City _____ State _____ Zip Code _____

Gender: M F **Birth Date** _____ **Phone** _____

Email: _____ **Cell Phone** _____

High School: _____

<p>Parent/Guardian 1 _____</p> <p>Home Address Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Cell Phone _____</p> <p>Email: _____</p>	<p><input type="checkbox"/> Check here if same information as Parent/Guardian 1</p> <p>Parent/Guardian 2 _____</p> <p>Home Address Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Cell Phone _____</p> <p>Email: _____</p>
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For consideration your application must be accompanied by the following documents:

- 1) Program Description
- 2) Acceptance Letter (when available)
- 3) Reference Letter from Rabbi, Teacher or Counselor (Cannot be anyone affiliated with the organization sponsoring your Israel trip.)

(You may use the back of the application to complete your answers)

Educational background: (current grade; major subjects; and vocational objectives)

Jewish Education: (List synagogue affiliation; Hebrew knowledge; and Jewish camps)

History of participation in community service or Jewish youth activities:

Israel program information (Name and address of selected program. Payments will be made directly to the program at this address.)

Israel program cost: _____

Departure date: _____ Return date: _____

To date, have you been accepted in your desired program? Yes No

Is this your first trip to Israel? Yes No

If no, state reason for previous trips: (Tourism, family trips, or if a previous program, note program and year you participated).

Have you previously received a ZOA Israel Scholarship? Yes No

If yes, state program and year: _____

Give reasons for your desire to participate in an Israel program:

Required Essay - In approximately 500 words or less, please state **"What the State of Israel and Zionism means to me."** (Typed response must be attached to the application.)

Applicant’s statement for cancellation. I agree to notify the ZOA Israel Scholarship Program Committee if for any reason my plans to participate in the Israel Program I chose, listed on page 2, is cancelled; regardless if I should cancel my trip; the program notifies me that it has cancelled the program; or I should leave the program early, either voluntarily or am asked to leave by the program, prior to its completion. I understand that in some instances, the program may expect to retain some or all funds already paid on my behalf because of the commitment I made to participate in the program. In such instances, the ZOA will initially contact the program in question to request a refund of any and/or all monies contributed by the ZOA and it’s Scholarship Programs on my behalf. Should the circumstances surrounding the cancellation/termination warrant the Israel program I have selected to retain any and/or all monies contributed by the ZOA and its Program on my behalf, I understand the ZOA shall hold me, the applicant and my family responsible for refunding to the ZOA, any and/or all monies provided by the ZOA and its program, or a pro-rated portion of the funds, as may be deemed appropriate by the ZOA Scholarship Committee.

I also understand and agree that the ZOA, its Scholarship Committee members, and its Israel Scholarship Programs have no liability for any injury or loss that may occur during the independent Israel program I have selected to participate.

Scholarship recipients may be asked to make a presentation about their trip to the ZOA membership.

By signing below you agree to abide by the terms, conditions, and guidelines of the ZOA Scholarship Program and the Israel Program for which you have elected to participate, and that all information contained in this application is true and correct.

Signature of Applicant: _____ Date: _____
(Parents/guardians of minors must sign.)

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Parental consent for minors. I give my child permission to go to Israel on the above listed Israel Program. I understand and agree that the ZOA, its Scholarship Committee Members, and its Israel Scholarship Program have no liability for any injury or loss that may occur during this Israel program.

By signing below you, as the legal parent/guardian, agree to abide by the terms, conditions, and guidelines of the ZOA Scholarship Program, and the Israel Program your child has elected with which to participate, and that all information contained in this application is true and correct.

Signature of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____ Date: _____