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Joel Newman (5"7) Israel Scholarship

Thank you for your interest in applying for the Joel Newman (ז"ד) Israel Scholarship. This fund* was created in loving memory of Joel Newman, with an endowment by the Newman & Blomberg families.

The scholarship will be awarded based on need and merit to a young adult from our Beth Torah community who would like to attend an approved Israel program.

Prior to applying for the Joel Newman ("r") Israel Scholarship, please be advised of the following:

- 1. All applicants must be a member of Beth Torah.
- 2. All applicants must be between the age of 14-24 when the Israel program takes place.
- 3. Applications will be considered if the Israel Program is in the spirit of Beth Torah and the Conservative Movement as approved by our rabbis.
- 4. Programs must be a minimum of 2 weeks long.
- 5. Incomplete applications will not be considered.
- 6. Parents and applicant will be required to interview with the scholarship committee.
- 7. All applications with supporting documentation must be submitted prior to the January 31, 2024 deadline.

*The Joel Newman Israel Scholarship Fund is part of the Beth Torah Adath Yeshurun, Inc. Foundation.

			App	licant	Informa	ation				
Full Name:								Birth Date:		
	Last		First				M.I.			
Address:										
	Street Ad	ldress							Apartment/Unit #	
	City						State		ZIP Code	
Phone:					Email:					
Name of Sc or University						Current C	Grade:			
Name of Pro Applying for										
Are you a member of Beth Torah?		YES	NO							
How long habeen a men										





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		Parent 1 Information	1	
Full Name:				
	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email:		
Occupation:				
		Parent 2 Information	1	
Full Name:	Last	First	M.I.	
Address:				
	Street Address			Apartment/Unit #
	City		State	ZIP Code
Phone:		Email:		
Occupation:			_	
		Involvement in Jewish Organ	nizations	
List and de	scribe vour involvement	with any Jewish Organizations (i.		mmer camp, clubs, etc.).
		dance, any leadership roles you h		



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	Past Israel Experience	
		Dates
Program:		attended:
Program:		Dates attended <u>:</u>
List who you went to Israel with (fa	milv.	
temple, youth group, etc.):		
	Program For Which You Are App	lying
Name of program:		Dates:
Cost of		Dates:
program:		Other Costs:
Contact Name:		Phone Number:
Email Address:		
Linaii Address.	Amount of	
Program	scholarship	Amount parents
Website:	requested:	will contribute:
Amount of		
other	Amount applicant will	
contributions \$	contribute and source \$	
Have you applied for any other sch	nolarship for this program?	
If so, through which organization a	nd for what amount?	
If not, why?	To What amount.	
Name and address for receipt of so	cholarship check:	
Contact information for scholarshir	o: (Name, phone number and email)	
Contact information for scholarship	s. (Name, phone number and email)	
	Disclaimer and Signatur	e
I certify that my answers are true	and complete to the best of my know	ledge.
	rship, I understand that false or mislea of the scholarship funds awarded.	ading information in my application or
Applicant's Signature:		Date:
Parent's Signature		Date:



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Required Documentation

From Parents:

- 1. Most recent Tax Returns (please redact S.S #)
- 2. Copy of current 1099 and/or W-2 (please redact S.S #)
- 3. Letter explaining Special circumstances, if applicable

From Applicant

- 1. One page essay on why you selected this program and why you should be chosen to receive this scholarship.
- 2. Report card or transcript from last 2 quarters of current academic year.

Post Israel Experience Requirements:

- 1. Send a thank you note to foundation donor, whose contact information will be provided.
- 2. Share your experience with the congregation.
- 3. High School students must join and participate in Beth Torah's USY program.
- 4. College age students and beyond must join and participate in approved future study.