



Beth Emeth Bais Yehuda Synagogue

Amalgamated Hebrew Men of England (1975)

For Members Only

SANDRA & DAVID ANISMAN ISRAEL PILGRIMAGE SCHOLARSHIP APPLICATION FORM – REVISED 2015

All applications **MUST** be submitted before trip

Date _____

Name _____ Social Insurance Number _____

Address _____ Postal Code _____

Phone No. _____

Date of Birth _____ Age _____

Father's Name _____ Phone No. (H) _____ (B) _____

Mother's Name _____ Phone No. (H) _____ (B) _____

Secondary Schools Attended _____

Current Status/School Attending _____

Have you been to Israel before? Yes _____ No _____ If so, when? _____

If on a tour, which one? _____

In what community/school activities do you participate? _____

In what synagogue programs do you participate?

Do you speak Hebrew? Fluently: _____ Well _____ Poorly _____

To which program have you applied? _____

What is the program duration? _____

What is the total cost of the program (excluding personal expenses)? _____

Have you applied for other scholarships, bursaries, subsidies or other funding from other sources towards this program? Yes _____ No _____

If yes, from whom? _____ for how much? _____



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Have you received funds towards this program from other scholarship, subsidy, or bursary etc. sources?

No _____ Yes _____ How much? _____ from whom? _____

Have you received other subsidies/scholarships from this synagogue for other Israel programs?

No _____ Yes _____ If yes, how much? _____ When? _____

Give two references that we can contact about you.

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Please attach a brief essay (250 words) in which you describe the program which you will be attending and how you think you will benefit from the program to which you have applied.

If your application is accepted, a follow-up letter summarizing your experiences and feelings is to be submitted to the Israel Fund Committee.

I agree to share my experiences in Israel at Beth Emeth Bais Yehuda.

Signature of Applicant