**Marvin and Elaine Senter – Israel Scholarship Application 2018**

Directions:

Please complete this application to apply for the Marvin and Elaine Senter Israel Scholarship.  Please print or type the application, and take care to provide accurate information. To be eligible for the scholarship, the applicant must be a student and a member, up to 25 years of age, in good standing of B’nai Shalom of Olney, and must be using the scholarship for an accredited Israel program.  You may attach additional sheets, if necessary, to respond to the questions/items.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information provided in this application is truthful and complete.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (if under 21) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The scholarship, should I receive it, will be used for the following program:

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Date(s) of the program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your memberships in Jewish organizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list your memberships in Community organizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Current Grade/Year \_\_\_\_\_\_\_\_\_\_\_\_

Are you making a contribution to the cost of your program? If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been to Israel? (If so, please describe nature of trip/experience): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your involvement in Jewish organizations on the local, regional, national, and international levels, including your specific involvement in B’nai Shalom of Olney. Please include a description of offices/positions held, conventions attended, and leadership roles undertaken.

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Please describe your most moving/powerful post B’nai Mitzvah Jewish experience.

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What do you hope to get out of your trip to Israel?

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How do you envision your involvement with the synagogue after you return from this program?

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Please complete this application and return it to B’nai Shalom of Olney,

18401 Burtfield Drive, Olney, MD 20832, Fax 301-774-3992 or email info@bnaishalomofolney.org by **April 30, 2018.**