

TO BE COMPLETED BY TEEN with parent; Please fill in answers for all questions



**ATTENTION APPLICANTS..** Israel Quest grants are now need-based and can only be issued once per teen. Need-based grant requests will be processed as long as funds remain available, however, applications should be submitted as soon as possible. Please confirm your eligibility based on the current funding parameters before applying.

**Applicant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Parent/Guardian Information:**

*Parent/Guardian 1*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address (if different than teen's): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell or work phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Parent/Guardian 2*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address (if different than teen's): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell or work phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Israel Quest? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Bar/bat mitzvah certificate | <input type="checkbox"/> Sibling                               |
| <input type="checkbox"/> Confirmation certificate    | <input type="checkbox"/> Trip provider                         |
| <input type="checkbox"/> Education Director          | <input type="checkbox"/> Website                               |
| <input type="checkbox"/> Friend                      | <input type="checkbox"/> Youth Group/Organization Professional |
| <input type="checkbox"/> Rabbi                       | <input type="checkbox"/> Other _____                           |



Does the amount of Israel Quest funding available affect your choice of Israel trip or trip length?

- Definitely Yes  Probably Yes  Probably No  Definitely No

Please explain \_\_\_\_\_

Are you receiving funds from any other sources (e.g. congregation, youth group, trip provider or camp)?

- Definitely Yes  Probably Yes  Probably No  Definitely No

If so, please list organization(s) and indicate amount of funding \_\_\_\_\_

(This is for information purposes only; it has no bearing on financial-need eligibility for this Israel Quest grant.)

**Israel Program Information:**

Name of Israel Trip Provider: \_\_\_\_\_ Name of Israel Program: \_\_\_\_\_

Have you been accepted into this Israel program?  Yes  No If no, is acceptance pending?  Yes  No

Explain the reason for pending status: \_\_\_\_\_

Dates of Trip: \_\_\_\_\_ to \_\_\_\_\_ or  The trip dates have not yet been released.

Cost of Trip: \_\_\_\_\_ Air Fare Included:  Yes  No

Exact number of days in Israel: \_\_\_\_\_ Does this program include destinations other than Israel?  Yes  No

If yes, list additional destinations: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Trip Provider: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Why did you select this Israel trip? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Program appealed to me                       | <input type="checkbox"/> People I know are going on this trip              |
| <input type="checkbox"/> Traveling with teens from around the country | <input type="checkbox"/> Length of trip fits into my plans/schedule        |
| <input type="checkbox"/> Timing of trip fits my plans/schedule        | <input type="checkbox"/> Intrigued by presentation about trip by a speaker |
| <input type="checkbox"/> Cost of trip is affordable                   | <input type="checkbox"/> Connected with my youth group or congregation     |
| <input type="checkbox"/> Suggested by youth director, advisor, rabbi  | <input type="checkbox"/> Trip will provide academic credit for high school |
| <input type="checkbox"/> Religious reasons                            | <input type="checkbox"/> Other _____                                       |
| <input type="checkbox"/> Recommended by friends                       | _____  |
| <input type="checkbox"/> My sibling went on this trip                 | _____  |



Have you been to Israel before?  Yes  No If yes, please provide brief description:

\_\_\_\_\_

**Applicant's School and Related Activities**

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

What extracurricular activities do you participate in through your school and in general? \_\_\_\_\_

\_\_\_\_\_

How frequently do you participate in each of those activities? \_\_\_\_\_

\_\_\_\_\_

Other interests (special abilities, awards, hobbies, volunteer projects): \_\_\_\_\_

\_\_\_\_\_

**Jewish Education and Experiences:**

(This is for information purposes only; it has no bearing on eligibility for the Israel Quest grant.)

Are you a member of a congregation?  Yes  No If yes, which one? \_\_\_\_\_

Have you attended a congregational school (religious/Hebrew school)?  Yes  No If yes, what grades? \_\_\_\_\_

Did you celebrate becoming a Bar/Bat Mitzvah?  Yes  No Date: \_\_\_\_\_

Were you confirmed at this congregation?  Yes  No Year of Confirmation: \_\_\_\_\_

If you attended a congregational school at a congregation other than where you are a member, please indicate the grades and name of the congregation: \_\_\_\_\_

If you are not currently attending a congregational school, please indicate why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Have you ever attended a Jewish Day School?  Yes  No \_\_\_\_\_ Indicate Grades: \_\_\_\_\_

Name of Jewish Day School(s): \_\_\_\_\_

Jewish Youth Group(s) Affiliation: \_\_\_\_\_

Years of Membership(s): \_\_\_\_\_

If you have/hold a leadership position, please indicate and give the year(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please list all other Jewish activities, clubs, affiliations, congregational activities, or programs that you have participated in: (Jewish Culture Club, Maccabi, Rosh Hodesh: It's a Girl Thing, JYPI)

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever attended a Jewish summer camp?  Yes  No Is it a day camp or overnight?  Day  Overnight

Which camp(s) and length of time there: \_\_\_\_\_  
 \_\_\_\_\_

Please list any Jewish community events you have attended or plan to attend and indicate the year (i.e. Super Sunday, Israel celebration, Jewish Film Festival, Book Fair, etc.) \_\_\_\_\_

\_\_\_\_\_

**Certification of Financial Need:**

I certify that the Israel Quest grant applied for is financially required and that its award would have a significant impact on my ability and decision to send my teen on the selected program.

Please tell us how: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify the above statement to be true and understand that Israel Quest may contact me for further explanation:

Parent/Guardian

Parent/Guardian Signature: \_\_\_\_\_



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**Trip Withdrawal or Cancellation Policy:**

If a teen withdraws or is discharged from an Israel trip, Israel Quest must be notified immediately. Please know that all Israel Quest funding already paid must be reimbursed to the United Jewish Endowment Fund/Jewish Federation of Greater Washington. It is the family's responsibility to work with the trip provider to ensure all funds are returned in a timely manner so that Israel Quest funding is available to other applicants.

*I agree to these terms:*

Parent/Guardian     Teen

Parent Signature: \_\_\_\_\_

Teen Signature: \_\_\_\_\_

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**Grant Recipient Responsibilities:**

Our community is pleased to be able to provide Israel Quest need-based grants to teens who require them in order to participate in formative Israel experiences during high school. Grant recipients understand that data from their applications may be shared directly with community professionals and the UJEF Trustees. To best evaluate the impact of this program all grant recipients are expected to participate in data collection instruments such as surveys or focus groups conducted through The Jewish Federation of Greater Washington or your sponsoring organization(s). Being able to provide teens in the future with this opportunity depends on the generosity of community members including former Israel Quest grant recipients. Our community's leaders hope you remember the opportunities afforded through the Israel Quest grant program, and they hope you will be philanthropic with your time or financial giving in the future to support this program for teens traveling to Israel in coming years.

*I agree to these terms:*

Parent/Guardian     Teen

Parent Signature: \_\_\_\_\_

Teen Signature: \_\_\_\_\_