



# HAROLD AND JEAN GROSSMAN TEEN ISRAEL EXPERIENCE SCHOLARSHIP FUND

Jewish Federation of Greater Phoenix

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The Harold & Jean Grossman Teen Israel Experience Scholarship Fund was made possible through a generous endowment established by the Grossman Family to encourage Phoenix Jewish teens to participate in an Israel Experience Program.

## ELIGIBILITY & REQUIREMENTS

Jewish teens can apply if they:

- Live in the area served by the Jewish Federation of Greater Phoenix and are enrolled in the 10th grade or higher, up to and including the senior year of high school (including the first year after high school graduation but before enrolling in college).
- Will be participating in an approved Israel Experience Program for a minimum of three weeks duration in Israel (see program content below)
- Have not already received the Grossman Teen Israel Experience Scholarship for a prior trip.

As a condition for accepting the scholarship, you will be expected to participate in:

- An organized Israel Experience preparation class or seminar through a synagogue, day school, or Hebrew High School.
- Promotion of Israel Experience. Examples: presenting your Israel experiences, planning a program to interest other teens for helping the Israel Center.
- Community service prior to and after your Israel Experience (examples: volunteering at Yom Ha'atzmaut and Yom Hazikron).

## PROGRAM CONTENT

In order to receive funding toward an Israel Experience it is required that the program include all of the following elements to ensure participants can learn and experience what Israel is about:

- Country wide excursions and tours overseen by the program/trip provider (and integral to overall program)
- Meeting Israeli peers, and;
- Lectures, discussions regarding the history of Israel and contemporary issues facing the country

## DEADLINES FOR APPLICATIONS

Summer programs -- March 1

First semester and year-long programs – June 1

Second semester programs – November 1

Applications received after these dates will be placed on a waiting list for funding. The exact amount of the scholarship will be shared with parents/teens following the interview and review period.

## WHERE TO SEND APPLICATIONS

Jewish Federation of Greater Phoenix

Attn: Israel Center

12701 N. Scottsdale Road, Suite 201

Scottsdale, az 85254

## QUESTIONS:

Contact Ernie Muntner at the Jewish Federation at 480-634-4900 x1119 or [emuntner@jewishphoenix.org](mailto:emuntner@jewishphoenix.org)

## **APPLICATION CHECKLIST**

- HAVE YOU COMPLETED THE APPLICANT INFORMATION, PARENT/GUARDIAN INFORMATION, AND ISRAEL PROGRAM INFORMATION SECTIONS OF THE APPLICATION FORM?
  - HAVE YOU ENCLOSED A PASSPORT QUALITY PHOTOGRAPH?
  - HAVE YOU COMPLETED AND ENCLOSED YOUR APPLICANT ESSAY?
  - HAVE YOU SUBMITTED THE VERIFICATION OF APPLICATION TO ISRAEL PROGRAM TO THE APPROPRIATE PROGRAM OFFICE, TO BE COMPLETED AND RETURNED TO THE JEWISH FEDERATION OF GREATER PHOENIX?
  - HAVE YOU BEEN CONTACTED TO SCHEDULE YOUR INTERVIEW (AFTER APPLICATION IS COMPLETED) WITH AN ISRAEL EXPERIENCE COMMITTEE MEMBER?
  - HAVE YOU REQUESTED TWO (2) LETTERS OF REFERENCE TO BE MAILED TO THE JEWISH FEDERATION OF GREATER PHOENIX?
  - HAVE YOU AND A PARENT/GUARDIAN SIGNED THE APPLICATION FORM?
  - HAVE YOU AND A PARENT/GUARDIAN SIGNED THE REQUIREMENT FORM?
  - HAVE YOU ENROLLED IN AN ISRAEL EXPERIENCE PREPARATION CLASS OR SEMINAR?  
(SEE REQUIREMENTS PAGE 1 OF THIS PACKET)
  - HAVE YOU PLANNED FOR YOUR MANDATORY COMMUNITY SERVICE PRIOR TO AND AFTER YOUR ISRAEL EXPERIENCE?
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**AFTER COMPLETED APPLICATION IS RECEIVED YOU WILL BE CALLED FOR AN INTERVIEW**



**HAROLD AND JEAN GROSSMAN  
TEEN Israel EXPERIENCE  
SCHOLARSHIP FUND**  
Jewish Federation of Greater Phoenix

**GRANT APPLICATION**

PLEASE FILL OUT ENTIRE APPLICATION AND RETURN WITH A PASSPORT QUALITY PHOTO TO:

**Jewish Federation of Greater Phoenix • Attn: Israel Center  
12701 N. Scottsdale Road, Suite 201, Scottsdale, AZ 85254**

**DEADLINES FOR APPLICATIONS**

Summer programs -- March 1

First semester and year-long programs – June 1

Second semester programs – November 1

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY):**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code Phone Home & Cell (including area code)

\_\_\_\_\_  
Current Grade in School Date of Birth (Month/Day/Year) Age

\_\_\_\_\_  
Name of School Leadership position at your school

\_\_\_\_\_  
E-mail address Congregation Affiliation Youth Group Affiliation

Sex MALE  FEMALE

**PARENT/GUARDIAN INFORMATION:**

**MOTHER/GUARDIAN**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Home Phone (including area code) Business Phone (including area code)

**FATHER/GUARDIAN**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Home Phone (including area code) Business Phone (including area code)

Name of Applicant \_\_\_\_\_

**Israel PROGRAM:**

(You may submit your application even if you have not yet selected a program).

Israel Experience Program for which grant is requested: \_\_\_\_\_

Name of Program Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Have you been to Israel previously?  yes  no

If so, describe the nature of your trip: \_\_\_\_\_

Have you applied for and received scholarship funds from any other programs  yes  no

If yes, please list the names of programs:

Name of Program	Amount requested	Amount received
_____	_____	_____
_____	_____	_____

Name of Israel Preparation Class or Seminar: \_\_\_\_\_  
(see requirements on page 1 of this packet)

**LETTERS OF REFERENCE:**

Two letters of reference are required (please use attached forms). Someone who knows you, such as a rabbi, youth director, teacher and/or counselor should be asked to complete a letter of reference for you. Completed letters of reference should be mailed directly to the Israel Center of the Jewish Federation of Greater Phoenix.

I hereby submit this application for a Harold ad Jean Grossman Teen Israel Experience Incentive Grant and commit to participate in a pre-trip orientation program and participate in a post-trip community service project. I also commit to participate in a qualified Israel Experience for a minimum of three weeks duration in Israel.

\_\_\_\_\_  
Applicant Signature

I have read my son's/daughter's application for a Harold ad Jean Grossman Teen Israel Experience Incentive Grant and understand his/her commitment to participate in an Israel Experience. I also understand his/her commitment to participate in a pre-trip Israel Experience Preparation Program and participate in post-trip community service.

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

**MAIL COMPLETED APPLICATION AND RELATED MATERIALS TO:  
Jewish Federation of Greater Phoenix • Attn: Israel Center  
12701 N. Scottsdale Road, Suite 201, Scottsdale, AZ 85254**

If you have any questions or need additional information, contact:  
The Israel Center at: Jewish Federation of Greater Phoenix  
480-634-4900 ext. 119 [emuntner@jewishphoenix.org](mailto:emuntner@jewishphoenix.org)

Name of Applicant \_\_\_\_\_

**APPLICANT ESSAY:**

In the space below, please answer the following questions:

Have you thought about how you will help after you return from your Israel Experience program?

What will be your contribution to the community, especially to your peers?

**Detach and mail this page only to the office of the  
Israel Experience program to which you are applying.  
They should fill out and return this sheet to the Federation office.**

**VERIFICATION OF APPLICATION TO ISRAEL PROGRAM**

*(Do Not Forget This Form Goes to the National Office)*

Grants will be payable directly to the Israel Experience Program you have selected. Grant awards cannot be made until this information is provided.

**This form must be completed by the representative of the Israel program to which the applicant has applied, and returned no later than the application deadline to the Jewish Federation of Greater Phoenix at the address shown below.**

This is to confirm that we are in receipt of \_\_\_\_\_  
(Name of Applicant)

Application for the \_\_\_\_\_  
(Name of Program)

In order for the participants to receive funding toward an Israel Experience it is required that the program include ALL of the following elements to ensure participants can learn and experience what Israel is about:

- Country wide excursions and tours overseen by the program/trip provider (and integral to overall program)
- Meeting Israeli peers, and;
- Lectures, discussions regarding the history of Israel and contemporary issues facing the country.

Does this program meet the above criteria?  Yes  No

Cost of Program \_\_\_\_\_ Cost of Flight (if not included in program) \_\_\_\_\_

Has the applicant requested other scholarships  Yes  No In the amount(s) of \_\_\_\_\_ received: \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Signature \_\_\_\_\_

Organization \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Phone and FAX Number \_\_\_\_\_

Program Coordinator e-mail address \_\_\_\_\_

**Jewish Federation of Greater Phoenix • Attn: Israel Center  
12701 N. Scottsdale Road, Suite 201, Scottsdale, AZ 85254  
FAX 480-634-4588  
emuntner@jewishphoenix.org**

# LETTER OF REFERENCE FORM

(TWO COMPLETED REFERENCES ARE REQUIRED FOR EACH APPLICANT)

Applicants Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Reference: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Program Name: \_\_\_\_\_

The applicant named above is applying for a Harold and Jean Grossman Teen Israel Experience Scholarship Grant. Your thoughtful evaluation is a valuable indicator of the student's aptness for an Israel Experience Program. A teen Israel experience is very challenging. Please indicate if this applicant needs an additional year of maturity before embarking on this trip. You may be assured that your comments will be kept in the strictest confidence. The completed form should be delivered or mailed as soon as possible to:

**Jewish Federation of Greater Phoenix • Attn: Israel Center**  
**12701 N. Scottsdale Road, Suite 201, Scottsdale, AZ 85254**  
**Phone: 480-634-4900, ext. 1119 Fax: 480-634-4588**

	<u>ALWAYS</u>	<u>USUALLY</u>	<u>RARELY*</u>	<u>NEVER*</u>	<u>DON'T KNOW</u>
Respects Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits honesty and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows sufficient maturity, even when unsupervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please explain briefly any marks in this area: \_\_\_\_\_

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

We highly value any additional comments about the applicant's character and suitability for an Israel Program:

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

(Please continue on the back of this sheet if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LETTER OF REFERENCE FORM

(TWO COMPLETED REFERENCES ARE REQUIRED FOR EACH APPLICANT)

Applicants Name: \_\_\_\_\_

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Address of Reference: \_\_\_\_\_

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Shows sufficient maturity, even when unsupervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please explain briefly any marks in this area: \_\_\_\_\_

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

We highly value any additional comments about the applicant's character and suitability for an Israel Program:

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

(Please continue on the back of this sheet if necessary)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**SCHOLARSHIP REQUIREMENTS**

**REQUIREMENTS FOR STUDENTS RECEIVING SCHOLARSHIP MONIES FROM  
THE JEWISH FEDERATION OF GREATER PHOENIX**

**The following requires the signatures of both parents and students.**

All students attending an Israel Experience program are required to follow the rules of their program. Should any of the rules and policies be violated, necessitating that the student be sent home, the parents/student will be required to return in full any Harold and Jean Grossman Teen Israel Experience Scholarship or "Gift of Israel" Savings Program matching funds received from the Jewish Federation of Greater Phoenix or Jewish Community Foundation.

**Repayment of all funds must be made to the program the student attended.**

Parent's printed name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's printed name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:**

**Jewish Federation of Greater Phoenix • Attn: Israel Center  
12701 N. Scottsdale Road, Suite 201, Scottsdale, AZ 85254**

**The receipt of this form is required before any scholarship monies or incentive grants be given.**