

The Rabbi/Cantor Bernstein Travel to Israel Scholarship

Applicant Information

All applicants must be members of Congregation Beth Israel.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

If applying for a child under 18, please provide name here: _____

Trip Information

Is this your first time to Israel? YES NO

Trip expense: _____ Assistance Requested: _____

Length of Israel Trip: _____

Personal Statement

What motivates you to travel to Israel? How do you plan to use your experience in Israel toward your future goals?
