

**American Zionist Movement
Helyn B. Reich Scholarship
Application Form for University Students**

1. Personal Details:

Full Name: _____

Date of Birth: ___ / ___ / ___ Select one: Male Female

Permanent Address: _____

City _____ State _____ Zip _____

Permanent Phone: _____

Current Address: _____

City _____ State _____ Zip _____

Current Phone: _____ Cell Phone: _____

Current Address and Phone Good Until: _____

University: _____ E-mail: _____

Country of citizenship: _____ Country of birth: _____

2. Enrollment Information

Please indicate where and when you will be studying in Israel:

Israeli University: _____

Dates of Study: _____

Have you studied Hebrew before? Yes / No (select one).

If yes, how would you describe your level of Hebrew? (select one)

Beginning / Intermediate / Advanced / Native Speaker / Other (please specify): _____

How do you envision your future involvement with Zionism and the Jewish community?

Why are you choosing to study in Israel? How will this program of study in Israel advance you towards academic and personal goals?

**American Zionist Movement
Helyn B. Reich Scholarship
Financial Background Form**

Full Name: _____

a) Do you currently receive financial aid from the school in which you are enrolled?

___ yes ___ no

b) Please indicate how you currently cover your university fees:

	2006-2007 contributions	2007-2008 contributions
Parents		
Self		
Scholarship (source: _____)		
Loan (source: _____)		
Other (source: _____)		

c) Do you or your parents anticipate a significant difference between your financial contribution toward your education in 2007-2008 and your ability to contribute in 2008-2009?

___ yes (if so, please explain) ___ (no)

d) Please share with us any additional information you think we should know regarding your financial background and your ability to afford your program in Israel:
