

**American Zionist Movement
Helyn B. Reich Scholarship – Post-University Experience
Application Form**

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: _____

E-mail: _____

Country of citizenship: _____ Country of birth: _____

2. Enrollment Information

Dates you will be attending the program: _____

Please indicate the program you will be attending in Israel (select one):

Israel Career Experience

WUJS

OTZMA

For Israel Career Experience:

Field of Internship: _____

Location of Internship: _____

For WUJS:

WUJS Program Name (select one):

Land, Language & Society

Arts Program

Peace & Social Justice

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?

How will this program of study in Israel advance you on your career path and towards professional and personal goals?

**American Zionist Movement
Helyn B. Reich Scholarship – Post-University Experience
Financial Background Form**

Full Name: _____

a) Are you receiving financial aid for this program?

___ yes

___ no

b) Please indicate how you plan to cover the costs of this program and any living costs:

	Contributions
Parents	
Self	
Scholarship (source: _____)	
Loan (source: _____)	
Other (source: _____)	

c) 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:
