

**BUREAU OF JEWISH EDUCATION
TIES - SCHOLARSHIP SUPPLEMENTAL FORM**

Date of application _____

Name of applicant: _____

Address: _____

E-mail: _____ Daytime Phone: _____

Dates of Israel program: June 27 – July 25, 2010

Name of sponsoring organization: Bureau of Jewish Education Orange County

Address: 1 Federation Way, #205, Irvine, CA 92603

E-mail address: Lucille@bjeoc.org

Phone number: 949-435-3450 Fax number: 949-435-3456

Contact person (with their title): Lucille Cohen Carter, Registrar

Purpose of program & what your goals are: _____

Amount requested: _____ Total cost of program: \$4,955.00

If awarded a PASSPORT grant from the Jewish Federation of Orange County and/or scholarship funds from the Bureau of Jewish Education, the recipient agrees to participate in the following three items upon his/her return from Israel:

- a. write a thank you letter which we will share with our donors, talking about your experiences and thanking them for helping to make this trip possible;
- b. support our fundraising efforts by helping us make calls and raise money during our annual Phonathons for future TIES scholarships; and,
- c. be a TIES ambassador: help at recruitment events by talking about trip and its meaning to you the year following your trip.

Failure to fulfill these obligations may affect your TIES scholarship and will affect any further requests.

Applicant Signature

Please mail completed application and materials to:

Lucille Carter
Bureau of Jewish Education
1 Federation Way, #205
Irvine, CA 92603