



## YES! JCNCF Youth Experience Scholarship Application

Please fill out this application and return it by March 31, 2019 by email or mail to:

**Virginia Brissette Hirshik, President/CEO JCNCF**

**PO Box 357936**

**Gainesville, FL 32635**

**[office@jcnf.org](mailto:office@jcnf.org)**

**Phone: 352- 371-3846**

- The Jewish Council of North Central Florida (JCNCF) is proud to be awarding scholarships to individuals between the ages of 10 to 21 who reside in North Central Florida.
- Individuals are encouraged to apply for scholarships to attend qualified not-for-profit Jewish Youth Experience programs.
- The program must be an out of town experience that ends by August 31, 2019.
- Some of the criteria used in selecting scholarship recipients would include:
  - a. Demonstrated interest, achievement, and leadership in Jewish education  
(Religious School, Bar/Bat/B'nai Mitzvah, Jewish Youth Groups, Mitzvah Projects, etc.)
  - b. Reason(s) for attending the Youth Experience Program selected
  - c. Involvement in community service organizations and/or projects
  - d. Financial need
- Recipients will be required to do follow up work after their experiences.  
Suggestions include volunteering at PJ Library programs, Mitzvah Day or Yom Ha Atzmaut or speaking about their experiences to community groups.

Name:		
Current address:		
City:	State:	ZIP Code:
Email Address:		
Phone Number:	Grade in School:	
Date of Birth:	Name of School:	
Signature of Applicant:		

### Parent / Guardian Information

Name:		
Current address:		Time at address:
City:	State:	ZIP Code:
Email:		Phone:
Occupations of Parents/Guardians:		

Is there is any information that could help us decide your financial need? (This might include unusual expenses you've had in the past year or are expected to have this year, significant changes in income, illness, or housing, employment difficulties, debts, support of aged relative, etc. (Please attach additional sheets if needed))

#### Financial Need Information

## YOUTH EXPERIENCE INFORMATION

Youth Experience you have applied to:

Where Located:

Sponsoring Organization:

Length of Experience:

Total cost of Experience:

Date Experience begins:

Date Experience ends:

Amount of scholarship you are requesting from the Youth Experience Program

Amount of scholarship you are requesting from JCNCF:

Youth Experience Director's name:

Contact phone number:

### ESSAY QUESTIONS – TO BE COMPLETED BY APPLICANTS AGES 13 to 21

On a separate page, please submit the following:

1. A detailed list of your extracurricular activities and/or volunteer experiences.
2. Answer the following essay questions in 200 words or less (please **NO** handwritten submissions):
  - a. Tell us why you would like to attend the Jewish Youth Experience you have selected.
  - b. Describe one instance or situation in which you were a leader and evaluate yourself on the following criteria: In what ways were you successful and in what ways could you have done better?
  - c. What current economic, political, or social issue excites you and why?
  - d. How did you find out about the JCNCF Youth Experience Scholarship?

### ESSAY QUESTIONS – TO BE COMPLETED BY APPLICANTS AGES 10 to 12 with assistance from a parent or guardian

On a separate page, please submit the following:

1. A detailed list of your extracurricular activities and/or volunteer experiences.
2. Tell us why you would like to attend the Jewish Youth Experience you have selected.
3. Answer the following essay questions:
  - a. Tell us about your favorite Jewish experiences such as Religious School, attending services, PJ Library programs, volunteering at Mitzvah Day or other volunteer experiences.
  - b. Be as specific as possible as to why you chose those experiences as your favorites.

## SIGNATURE OF PARENT OR GUARDIAN

Parent / Guardian Name (please print):

Parent / Guardian Signature:

Date: