



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

**1. Personal Details**

Full name:

Date of birth:  Select one:  Male  Female

Permanent address:

Address 1:

Address 2:

City:  State:  Zip:

Current address (if different from above):

Address 1:

Address 2:

City:  State:  Zip:

Current phone:  Cell phone:

Current address and phone good until:

Email:

Country of citizenship:  Country of birth:

**2. Enrollment Information**

Dates you will be attending program:

Name of program you will be attending:

Sponsoring organization of program (e.g. Hadassah, MASA, JAFI, etc):

Program Name (e.g. Ayalim, OTZMA, WUJS, etc):

Description and Location of Program:

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**3. Israel Involvement: Past and Projected Future**

Have you visited or studied in Israel before?    Select one:    Yes         No

If yes, please include the dates and purpose (i.e. study, family trip, organized trip, etc.) for up to your three most recent trips. There is space to describe each trip in more detail below.

Dates:  Purpose:

Dates:  Purpose:

Dates:  Purpose:

If any of the above trips were part of an organized program, please name the program and describe the program and your experience in more detail here:

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Have you studied Hebrew before?    Select one:    Yes         No

If yes, how would you describe your level of both understanding and fluency?

Understanding:    Select one:    Beginner    Intermediate    Advanced    Native Speaker

Fluency:            Select one:    Beginner    Intermediate    Advanced    Native Speaker

Notes:

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

How will this program of study in Israel advance both your professional and personal goals?

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**Financial Background Form**

A - Are you receiving financial aid for this program?    Select one:    Yes         No

B – Please indicate how you plan to cover the costs of this program and any additional costs associated (i.e. living costs):

<u>Source</u>	<u>Contribution</u>
<input type="checkbox"/> Parents	<input type="text"/>
<input type="checkbox"/> Self	<input type="text"/>
<input type="checkbox"/> Scholarship (source: <input type="text"/> )	<input type="text"/>
<input type="checkbox"/> Loan (source: <input type="text"/> )	<input type="text"/>
<input type="checkbox"/> Other (source: <input type="text"/> )	<input type="text"/>

Please share with us any additional information you believe is relevant regarding your financial background and your ability to manage the financial commitment your program in Israel will require: