

**Jewish Federation of Palm Beach County  
Israel Incentive Voucher Redemption Form**

**Applicant Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Synagogue: \_\_\_\_\_ Previous Israel Experience: \_\_\_\_\_

Have you previously used the B'nai Mitzvah Voucher from the Jewish Federation of Palm Beach County?    Yes            No

If yes, when and toward which Israel Experience Program? \_\_\_\_\_

**Israel Experience Program**

Program for which you are applying: \_\_\_\_\_

Dates of program: \_\_\_\_\_

Mailing address of program: \_\_\_\_\_

\_\_\_\_\_

Phone number of program: \_\_\_\_\_

E-mail address of program: \_\_\_\_\_

Further need for financial assistance:                    Yes            No

I am eligible for the \$250 Judaica Institute Grant:            Yes            No

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**Dear members of the Israel Scholarship Committee:**

I understand that the Jewish Federation of Palm Beach County will send the approved B'nai Mitzvah Voucher directly to the Israel program. This will be deducted from the total cost for which I am responsible.

I am thoroughly familiar with the program I am planning to attend as well as the level of conduct that will be expected of me. If, for any reason I am expelled or dismissed during this program, I understand that my family will be required to return the B'nai Mitzvah Voucher to the Jewish Federation of Palm Beach County.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent's Signature (if applicable)

**Jewish Federation of Palm Beach County  
Israel Programs**

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West Palm Beach, FL 33417

Phone: (561) 242-6609

Fax: (561) 681-3509