

---

## 2017 YOUNG ADULT TRAVEL TO ISRAEL SUBSIDIES GUIDELINES

JEWISHcolorado is offering a limited number of stipends to teens and young adults ages 16-30 participating in peer group trips to Israel in 2017. This does not include the Joyce Zeff Israel Study Tour (IST), as separate funding is available for IST subsidies. The purpose of these subsidies is to enable those for whom the financial burden of Israel travel program costs could be a barrier for participation.

The subsidy amount is determined by both length and cost of the trip, as follows:

- \$500 for eligible trips of six (6) weeks or less or eligible trips that cost less than \$8,000.
- \$1,000 for eligible trips of longer than six (6) weeks or eligible trips that cost \$8,000 or more.

**Subsidies will be distributed as applications are received: on a first come, first served basis, until all available funds have been distributed.**

### Objectives:

1. To encourage and develop knowledge, awareness and commitment to the Jewish community and to Israel.
2. To channel the interest back into the community in a positive way upon return to the U.S.
3. To enhance and further the connection between the people of Israel and the people of Colorado.

### Who is Eligible?

Jewish teens and young adults between the ages of 16 and 30 by start of program who are Colorado residents.

### What is the Commitment?

Subsidy recipients will be expected to help promote Israel, Israel travel & Israel advocacy efforts in the community upon their return.

### Which Israel programs are eligible?

- Program must be an organized educational experience in Israel recognized by the Jewish Agency for Israel (JAFI), the Government of Israel, a national Jewish youth group, a Jewish camp, or MASA Israel Journey.
- Travel programs must be operated by a local/national/international organization (no private tours or missions).

### Application Process:

1. Applicants must complete the official application and submit it with proof of acceptance by a qualifying program.
2. Subsidies will be distributed as applications are received, on a first come, first served basis until funds are depleted.
3. Applications will be reviewed for adherence to guidelines.
4. Submit application to: Heather Flowers  
JEWISHcolorado  
300 South Dahlia, Suite 300  
Denver, CO 80246  
Email: [hflowers@JEWISHcolorado.org](mailto:hflowers@JEWISHcolorado.org) Fax: 303-322-8328
5. If the applicant does not actually participate in or complete the program, he/she is responsible for facilitating reimbursement of JEWISHcolorado funds received.

### Due Dates for 2017 Subsidies:

- Applications may be submitted beginning January 9, 2017.
- No applications will be accepted after June 15, 2017, **or when all available funds have been distributed.**

**Payment of Funds:** The subsidy check will be made payable to the Israel program, without exception, and will be mailed to the participant/participant's family for them to forward to the program. It will be the participant's or their family's responsibility to send the check to the program.

**Questions?** Please do not hesitate to call Heather Flowers, at 303-316-6462 or email [hflowers@JEWISHcolorado.org](mailto:hflowers@JEWISHcolorado.org).

---

**2017 YOUNG ADULT TRAVEL TO ISRAEL SUBSIDIES  
APPLICATION**

**TODAY'S DATE:**

**APPLICANT INFORMATION:**

Name:  
First/Middle/Last

Date of Birth:  
MM/DD/YYYY

Current Age:

Colorado Resident: YES NO

Current Mailing Address:  
Street/City/State/Zip

Permanent Address (if different from above):

Phone: Home Work Cell

E-mail:

Parent's Name/Address/Email/Phone:

Name and Address of High School Attended:  
Name of School  
Address/City/State/Zip

Current Grade Level (if applicable): check one  Freshman  Sophomore  Junior  Senior

Name of University/College attended (if applicable):

Current Level (if applicable): check one  Freshman  Sophomore  Junior  Senior  Graduate Student

Obtained Bachelor's Degree (if applicable): YES/NO Major

Obtained the following post-graduate degrees (if applicable):

Where you are currently employed? (if applicable): What is your position?

Will this be your first trip to Israel? YES/NO (preference may be given to first-timers)  
If not, please list and describe your previous visits (dates/type of trip/age at time of trip/length of visit, etc.)

---

---

---

**ISRAEL PROGRAM INFORMATION:**

Name of Israel Program:

Indicate whether it is a JAFI/MASA/Israel Government/youth group/camp sponsored program:

Cost of program:                      Cost of airfare:                      Cost of housing:                      Total Cost:

Deadline for final payment for Israel Program:

Please explain the need for this stipend and any special circumstances:

\_\_\_\_\_

Length of program (in weeks):                      Dates:                      Start Date                      Completion Date

Name/contact information for Program Director:                      Phone/Email

Name/contact information for Program contact in U.S. (if different):                      Phone/Email

Official Web site of the Israel Program (where details about the program can be found):

How did you find out about this Israel Program?

Have you requested/received funding from other sources?                      If yes, source/amount requested/received:

Have you been accepted to this Program? YES      NO      Please submit confirmation of your acceptance to this program with your completed application. Award stipends will not be made without confirmation of acceptance.

Name/Address where subsidy check should be mailed: \_\_\_\_\_

How did you hear about the Youth Israel Travel subsidies program?

Web                       Inter-Mountain Jewish News                       Other:

**COMMITMENT**

Tell us what you plan to do within 6 months of your return from Israel to fulfill the expectation to help promote Israel, Israel travel & Israel advocacy efforts in the community (such as write an article for a school newspaper about your experiences, speak at your synagogue, help recruit others to go on Israel programs, etc.).

\_\_\_\_\_  
\_\_\_\_\_

I attest that all the information above is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Participant                      Printed Name of Participant                      Date

**Applications may be submitted beginning January 9, 2017. When all available funds have been distributed, no further applications will be accepted. No applications will be accepted after close of business (5:00 pm) Friday June 16, 2017 for the 2017 subsidies. Applications should be submitted to:**

Heather Flowers  
JEWISHcolorado  
300 South Dahlia, Suite 300  
Denver, CO 80246  
Email: hflowers@JEWISHcolorado.org Fax: 303-322-8328