



**Talmud Torah of Minneapolis
Israel Experience Scholarship Form
(Available for Full-Time Bet Midrash Students)**

Family Information

Student Name: _____ Date of Birth _____
Last First M.I. Month/Date/Year

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Current Grade/Class: _____

Program you plan to Attend: _____

Date of Intended Program: _____

Amount Eligible from Israel Experience Program: _____

Amount Requested: _____

***PLEASE NOTE:**

- You are eligible for a scholarship of \$200.00 per year upon completing Vav (8th Grade), Zayin (9th Grade), Het (10th Grade), Tet (11th Grade) and Yod (12th Grade).
- The scholarship amount will depend upon the year your child is attending (ex. Vav - \$200, Zayin -\$400, Het - \$600, Tet - \$800, and Yod - \$1,000).
- If your child does not complete the **entire** Bet Midrash program, you will be required to reimburse the amount of the scholarship to Talmud Torah.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____