

TALMUD TORAH OF MINNEAPOLIS
Bet Midrash - (Only Full-time Students)
ISRAEL EXPERIENCE SCHOLARSHIP FORM

2009-2010

NAME OF STUDENT _____ **DATE OF BIRTH** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE _____ **CLASS** _____

FATHER'S NAME _____ **MOTHER'S NAME** _____

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, Zayin, Het, Tet and Yod. 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'S SIGNATURE _____

STUDENT'S SIGNATURE _____