

## THE BRONFMAN YOUTH FELLOWSHIPS IN ISRAEL

163 Delaware Avenue, Suite 102

Delmar, NY 12054-1313

Tel: 518-475-7212 Fax: 518-475-7207

Please type or print clearly on only one side of this and all attached pages. Write your full name on the upper right corner of each attached page.

**FULL NAME** \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**ADDRESS**

\_\_\_\_\_  
Street, Apt #, P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Country (if other than the United States)

e-mail address of applicant \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **BEST TIMES TO CALL** \_\_\_\_\_

**PARENT(S)/  
GUARDIAN**

\_\_\_\_\_  
e-mail address of parent(s)

**DATE****OF BIRTH**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mo day yr

*Must be entering the twelfth grade of school  
in the Fall of 2010 and be born before  
July 5, 1994. See Eligibility note, attached.*

**I AM CURRENTLY IN THE 11<sup>th</sup> GRADE:** \_\_\_ Yes \_\_\_ No

**NAME OF SCHOOL:** \_\_\_\_\_

Please indicate if your school is public or private. \_\_\_\_\_

Please take a minute to let us know how you first heard of The Bronfman Youth Fellowships in Israel. Check all that apply.

\_\_\_ Former Fellow

\_\_\_ School

\_\_\_ Hebrew School

\_\_\_ Guidance counselor (please specify name and school address) \_\_\_\_\_

\_\_\_ Synagogue or Jewish Center

\_\_\_ Newspaper ad or article (please specify name of publication) \_\_\_\_\_

\_\_\_ Relative/Friend (please specify how your friend or relative heard) \_\_\_\_\_

\_\_\_ Internet search engine (please specify) \_\_\_\_\_

\_\_\_ Internet web site link (please specify) \_\_\_\_\_

\_\_\_ Other (please specify) \_\_\_\_\_

**NOTE:** From time to time, we receive letters from Jewish organizations asking for the names of people who have applied for The Bronfman Youth Fellowships in Israel and who might be interested in their programs (usually pay-as-you-go summer educational programs).

\_\_\_ I am interested in hearing about other Jewish programs.

**BRONFMAN YOUTH FELLOWSHIPS**

\_\_\_\_\_ *Full Name*

**I. CURRENT NON-ACADEMIC ACTIVITIES (IN SCHOOL AND OUTSIDE OF SCHOOL)**

List 5 activities in order of importance to you with one sentence each explaining your role and responsibilities.

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

**II. LIST THE CLASSES YOU'RE ENROLLED IN DURING THE FALL OF 2009.**

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

**III. LIST TWO BOOKS AND ONE FILM OR OTHER WORK OF ART THAT HAVE MADE AN IMPACT ON YOU. For each piece chosen, please explain in one sentence why.**

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

**IV. BYFI is a pluralistic program. Every year we accept candidates from the widest possible variety of Jewish backgrounds.**

Are you a member of any Jewish youth movement? Name \_\_\_\_\_

Are you:

- |  |   |
|--|---|
| <input type="checkbox"/> Conservative  | <input type="checkbox"/> Reconstructionist          |
| <input type="checkbox"/> Conservadox   | <input type="checkbox"/> Reform                     |
| <input type="checkbox"/> Non or Post Denominational                            | <input type="checkbox"/> Traditional                |
| <input type="checkbox"/> Orthodox  | <input type="checkbox"/> Unaffiliated (just Jewish) |
| <input type="checkbox"/> Other: Please name or describe in three or four words |   |

\_\_\_\_\_

We prefer applications submitted online, however, if you must submit a written application, please mail with your transcripts and recommendation letters in **ONE** complete package and postmark by January 12, 2010.

**BRONFMAN YOUTH FELLOWSHIPS**

Full Name

**V. Please write three essays of approximately 300 words or less.**

1. Describe your Jewish life experience and identity or your thoughts on Judaism.  
*Please bear in mind that BYFI is looking for a diverse group of Fellows including those who are not active in or affiliated with the Jewish community.*
2. Tell us about a challenge you have faced and how you dealt with it.
3. Who are you? In your essay, please consider at least one of the three following questions:
  - A. What moves you?
  - B. To what do you aspire?
  - C. What scares you?

**VI. Have you been to Israel before? \_\_\_ Yes \_\_\_ No**

If yes, how many times \_\_\_ What programs? When, and for how long?

**APPLICANTS MUST SUBMIT THE FOLLOWING:**

1. Official high school transcript through Grade 10. Request early. It takes time for schools to process.
2. Two letters of recommendation:
  - a. One letter from a guidance counselor, school principal or teacher who has known you for two years or longer.
  - b. Second letter can also be from a school representative, an employer, a leader of an organization in which you are active, or anyone who knows you well (except a member of your family).

*Please have recommenders SIGN their names across the seal of the envelopes.***NOTE: If your recommenders would like to submit their letters online, please refer to submission instructions on our website, [www.bronfman.org](http://www.bronfman.org).**In **ONE** large envelope, please mail, postmarked by January 12, 2010: Transcript and recommendation letters, as described above to:

BYFI  
163 Delaware Avenue, Suite 102  
Delmar, NY 12054-1313

**We prefer applications submitted online, however, if you must submit a written application, please mail with your transcripts and recommendation letters in **ONE** complete package and postmark by January 12, 2010. The deadline for applications submitted online at [www.bronfman.org](http://www.bronfman.org) is January 20, 2010.**

Please **do not** send additional, supplemental materials such as resumes, audio or video tapes, CD's, newspaper clippings, pictures, additional letters of recommendation, etc. They will not be considered.