



RABBI MICHAEL STROH SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

NAME OF RABBI: _____

ARZA CANADA MEMBER: Yes___ No___

ACTIVITIES: (for example, Youth Group, Religious School, Camp George, other)

NAME OF PROGRAM IN ISRAEL: _____

(include letter of acceptance in your application)

STATEMENT OF INTEREST: Answer the following questions:

Why do you want to attend this program?

What are you hoping to learn from your experience?

How will you share your learning with the Canadian Reform community when you return home?

Maximum 250 words.

Email application to:

president@arzacanada.org

Or mail to:

**ARZA Canada
PO Box 26014, Broadway PO
Toronto ON M4P 0A8**