

The Endowment Fund of Beth El Temple of West Hartford, Inc.
2626 Albany Avenue, West Hartford, CT 06117
(860) 233-9696 (860) 233-9892 (fax)

Beth El Temple Israel Scholarship Program (BETISP) Information Sheet

What is BETISP?

BETISP is the acronym for the Beth El Temple Israel Scholarship Program. BETISP provides scholarships for Jewish educational trips for teens who are members of Beth El Temple.

Who Funds BETISP?

BETISP scholarships are funded by the Endowment Fund of Beth El Temple of West Hartford, Inc. through the Mildred Glasband Memorial Fund, the Harry E. Goldfarb Scholarship Endowment Fund and the Carol and Mark Rosen Israel Teen Trip Fund.

Who is Eligible for a BETISP Scholarship?

BETISP scholarships are available to High School students whose parents are members of Beth El Temple in good standing, who are entering grades 10-12, and who are planning to attend an approved peer educational program in Israel. The trip must be completed prior to the beginning of the student's senior year in High School.

How Much is the BETISP Scholarship?

Up to four [4] \$250 scholarships will be awarded each year.

How Do I Apply for a Scholarship?

Each applicant must complete a BETISP application and submit an essay of up to 500 words on why they want to go to Israel. The application and essay must be submitted to the Temple office by the required due date.

How Do I Thank the Synagogue for Its Support?

Each applicant who is awarded a scholarship will:

1. Submit a short report about their trip to Israel to the Endowment Fund by September 15;
2. Write thank you notes to the three donor funds listed under "Who Funds BETISP?" above. The notes should be submitted to the Temple office by September 15;
3. Make a presentation(s) to the Hebrew School, if requested.

Where Can I Get a BETISP Application?

Scroll down to page two of this document or contact Michael Moses, Executive Director, at (860) 233-9696, ext. 102, or email execdirector@bethelwh.org.

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Mildred Glasband Memorial Fund
Harry E. Goldfarb Scholarship Endowment Fund
Carol and Mark Rosen Israel Teen Trip Fund

**Beth El Temple Israel Scholarship Program (BETISP)
Application**

Due Date — April 15 for the following summer

Name _____ Age _____ F/M _____

Address _____

Phone: Day _____ Evening _____ Email _____

Parent(s) Name(s) _____

Please describe the Israel program for which you are applying:

Please indicate the cost and duration of the program (if known):

If you need additional information or further clarification, please contact Michael Moses,
Executive Director, at ext. 102 or execdirector@bethelwh.org.

BY SIGNING THIS APPLICATION, IF I AM AWARDED A SCHOLARSHIP, I AGREE TO SUBMIT
A SHORT REPORT ABOUT MY ISRAEL TRIP TO THE ENDOWMENT FUND, TO WRITE
THANK YOU NOTES TO THE DONOR FUNDS, AND TO MAKE A PRESENTATION(S) TO THE
HEBREW SCHOOL, IF REQUESTED.

Signature of Applicant

Date