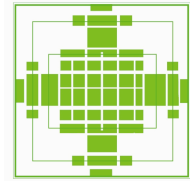


# EVANGELICAL ALLIANCE ISRAEL

P.O. Box 116, Jerusalem 91000



## Scholarship Application Form

Note: **Part 1** to be completed by Applicant  
**Part 2** to be completed by EAI Member Organization  
**Part 3** to be completed by the Study Institute

---

### Part 1

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax / Email \_\_\_\_\_

Marriage Status: Single / Married (number of children: \_\_\_\_\_ ) \_\_\_\_\_

Name of Study Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / Fax / Email \_\_\_\_\_

<b>Expected length of course / dates</b>	<b>_____ Months</b>	<b>From:</b>	<b>To:</b>
<b>Cost for Study Period:</b>	<b>Tuition:</b>		
	<b>Living:</b>		
	<b>Transport:</b>		
	<b>Other:</b>		
	<b>Total:</b>		

---

### Part 2 EAI member organization - endorsement

Please include a letter of recommendation/reference for the scholarship applicant (if email, please send as an attachment).

---

### Part 3 Study Institute

Please include a letter verifying that the scholarship applicant is enrolled in the school (if email, please send as an attachment).

---

### Scholarship Committee

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_