



Congratulations on taking the first step on a journey you are sure to treasure for a lifetime!

Below are instructions for completing your application to Tikkun Olam in Tel Aviv-Jaffa. In order to be accepted you must follow these instructions, submit a complete application, and participate in an interview.

Application Instructions

A complete application to the TIKKUN OLAM IN TEL AVIV-JAFFA must include the following:

- 1. Personal Application Questionnaire:** Basic contact and personal information. Applicants are asked to attach a recent passport-size color photo.
- 2. Application Fee:** \$100 application fee (check or money order made out to **Merchavim**).
- 3. Personal Statement:** Guidelines included below.
- 4. Resume**
- 5. Personal Health Form:** a personal health form can be found within the application.
- 6. Medical Examination Form:** Applicants should submit the Medical Examination Form within the application to their physician for completion. Any applicant undergoing current treatment or therapy must have their treating physician/therapist submit a letter indicating condition, treatment and assessment of patient's eligibility for the program.
- 7. Two Reference Forms:** Applicants must send the enclosed reference forms to two referees. References may be emailed directly from referee to tikunolam@takam.co.il subject "TIKKUN OLAM IN TEL AVIV-JAFFA Applicant Reference".
- 8. Masa Scholarship Application Form:** optional but highly recommended. To receive the grant, applicants must apply with MASA, sign the fourth page of the application and send it to the TIKKUN OLAM offices.

Application Submission

Applicants should collect all supporting materials and submit them with the application in one packet. **Incomplete applications will not be reviewed until all components have been received!**



Interview Notification

In order to be considered for acceptance to the TIKKUN OLAM IN TEL AVIV-JAFFA, each candidate is required to take part in an interview (usually over the phone) with a representative of the program's Selection Committee.

Application Timetable

Applications for Full Year or Fall Semester terms must be postmarked **NO LATER THAN MAY 30, 2009**. Candidates submitting applications will receive email confirmation when their application has arrived at the Tikkun Olam offices. Candidates can expect to be contacted in the week following receipt of the application to schedule an interview.

Program Timetable

Tikkun Olam Full Year runs from early September – June 30.
 Tikkun Olam Fall 5-month runs from early September – January 31.
 Tikkun Olam Spring 5-month runs from early February – June 30.

Final Notification

After completion of interviews, the Selection Committee will make final admission decisions. Applicants will be notified initially by email and subsequently by mail, as to their admissions status for TIKKUN OLAM IN TEL AVIV-JAFFA within two to three weeks after the interview.

Fee

The program fee per participant includes 5-10 months of educational programming; 5 months of accommodations in Tel Aviv or Jaffa; monthly overnight trips and periodic day tours; and health insurance. Fees do not cover airfare to Israel, Visa registration, food purchase in Tel Aviv and personal expenses.

A \$1000 tuition discount is available for those willing to share a room throughout the duration of the program.

The tuition breakdown for 2009-10 is as follows (subject to change for future program terms; please consult our website for up-to-date tuition information):

	5 Months (Single Room)	5 Months (Shared Room)***	10 Months (Single Room)	10 Months (Shared Room)***
Base Tuition	\$6,500	\$5,500	\$9,500	\$8,500
MASA Grant	-\$3,000*	-\$3,000*	-\$4,500*	-\$4,500*
MASA Scholarship	-\$1,500**	-\$1,500**	-\$3,000**	-\$3,000**
Total	\$2,000	\$1,000	\$2,000	\$1,000

* MASA Grant figure for U.S./Canadian residents. Grant amounts for other residents of other countries vary. Please see the MASA website for more details.

** MASA Scholarship awarded to those who can demonstrate a gross annual income of under \$22,000 per year.

*** Subject to availability. Please contact us if you are interested in this.

Scholarships will be made available for those still in need of funding beyond that provided by MASA. Please contact us for more information on this.



Cancellation/Withdrawal and Monetary Refund Policy:

Upon acceptance to TIKKUN OLAM IN TEL AVIV-JAFFA, participants agree to the following Refund and Withdrawal policy:

- Cancellation prior to 60 days before the beginning of the program: Full refund of paid tuition.
- Cancellation between 60 days and 30 days before the beginning of the program: Refund of paid tuition less \$500 late cancellation fee.
- Withdrawal from the program before the 30th day of the program: Refund of paid tuition less \$750 late cancellation fee.
- Withdrawal from the program no sooner than 30 days and no later than six weeks from the start of the program: Refund of paid tuition less \$1000.
- Withdrawal from the program no sooner than six weeks and no later than three months from the start of the program: Refund of paid tuition less \$2500.
- Withdrawal more than three months after the start of the program: No refund

Official date of withdrawal is defined as set forth in the below "Withdrawal Policy."

PLEASE NOTE: Refunds include those funds paid to Tikun Olam in Tel Aviv / BINA / Merchavim by the participant him/herself **ONLY**, and do not include grants or scholarships from MASA or any other agency. MASA may require grant recipients who withdraw from their programs to repay the total amount of their grant. Please refer to MASA's withdrawal policy for more information.

Withdrawal Policy

Participants who withdraw from the program are required to give notice a full 2 weeks in advance of date of withdrawal. The official date of withdrawal, as pertains to the above Refund Policy and to all matters relating to program participation, is defined as that date on which the participant actually leaves the program, i.e. no less than 2 weeks after official notice of withdrawal is communicated to the Program Director.

Any participant who withdraws from the program following the start of the program, and without giving sufficient advance notice to the Program Director (no less than 2 weeks before date of actual withdrawal) will not be eligible for a refund.



Program Tracks

Participants must choose one of two tracks to determine how they will focus their volunteer and study time, as well as where they will live during the main portion of the program. The tracks are:

- *Community Service*: Participants live in the South Tel Aviv neighborhood of Kiryat Shalom. Volunteer work focuses on the predominantly Jewish neighborhoods in the area, as well as the African refugee population. Study days involve Judaic texts and philosophy and Jewish identity. This track is similar to the main program of past terms of Tikkun Olam.
- *Coexistence*: Participants live in Jaffa. Volunteer work focuses on coexistence work for amongst Jaffa's Jewish and Arab populations. Study days focus on issues of Arab-Israeli coexistence, and will include a conversational Arabic course. This new track is the only MASA coexistence program in Tel Aviv-Jaffa.

Note: ALL participants will take part in a one-month intensive Hebrew Ulpan orientation period during the first 4 weeks of the program. Participants from both tracks will take classes together on Israeli society and culture, and will participate in monthly overnight trips, periodic day trips, tours and cultural activities.

Participants from one track may add volunteering components from the other track, while still maintaining a focus on their chosen track.



Tikkun Olam in Tel Aviv-Jaffa Program Application

Personal Application Questionnaire (step 1)

Term:

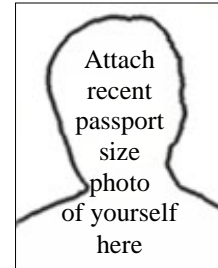
- Full Year
 Fall Semester
 Spring Semester

Track:

- Community Service
 Coexistence

Room Preference:

- Single
 Shared Room



Date _____

First Name _____ Last Name _____ Gender _____

Date of Birth _____ Country of Birth _____ Citizenship _____

Social Security/ Identification / SS / ID _____

Passport Number _____ Valid Until: _____

Current Contact Information: until: _____ Number/Street _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Home Phone _____ Cell Phone _____

E-Mail _____

Permanent Contact Information: Number/Street _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Home Phone _____ Cell Phone _____

E-Mail _____



Family Information

Mother: Name & Address: _____
 Home Phone/Fax: _____
 Work Phone/Cell: _____
 Email Address: _____

Father: Name & Address: _____
 Home Phone/Fax: _____
 Work Phone/Cell: _____
 Email Address: _____

Siblings: Number _____ Names & Ages: _____

One or both of my parents is/are either Israeli-born or Israeli Citizen(s) Yes No
 If so, which parent(s)? Mother / Father

Legal Information: Have you ever been arrested, charged, or convicted by a law enforcement authority for any violation of a law or ordinance (other than a minor traffic violation)? Yes No
 If "Yes," please submit details of the charges and a complete explanation, including dates, places, and disposition in a separate sealed envelope marked "confidential".

Religious Affiliation (select one)

Unaffiliated Conservative Orthodox Reconstructionist Reform
 Other _____

Synagogue Affiliation: Name _____ Location _____

Dietary: No Requirements Kosher Vegetarian Shomer Shabbat

General Education: College/University (list all undergraduate and graduate schools attended)

Name of School _____ Location _____

Major/Minor/Degree _____ Dates Attended _____

Name of School _____ Location _____

Major/Minor/Degree _____ Dates Attended _____



Jewish Education: Elementary and Secondary

Name of School _____ Location _____

Type of Program _____ Dates Attended _____

Name of School _____ Location _____

Type of Program _____ Dates Attended _____

University Level Courses in Judaica or Hebrew:

Name of School _____ Course _____ Dates Attended _____

Name of School _____ Course _____ Dates Attended _____

Name of School _____ Course _____ Dates Attended _____

Informal Education: (list any specific experience you have had as a camper, youth group member, etc.)

Organization: _____ Location: _____ Type of Program: _____ Dates, Attended: _____

Organization: _____ Location: _____ Type of Program: _____ Dates, Attended: _____

Previous Travel Experience:

Israel (list type of program, duration of visit, and dates tended): _____

Overseas (other than Israel): _____

Are you a past Birthright Israel participant? yes no Dates: _____

Trip Organizer: _____

Language Proficiency (rate your proficiency level in speaking, reading and comprehending.)

English: _____

Hebrew: _____

Other: _____

Other: _____



c/o BINA Center for Jewish Identity and Hebrew Culture
Seminar E'fal, Ramat E'fal 52960 ISRAEL
Phone: +972-3-534-2513 Fax: +972-3-5346579
tikkunolam@bina.org.il <http://www.tikkunolamisrael.org>



How did you learn about TIKKUN OLAM IN TEL AVIV-JAFFA?

Please be specific as possible _____

I certify that all statements and details in this questionnaire are true to the best of my knowledge

Signature _____ Date _____



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Application fee (step 2)

\$100 application fee payable to: **Merchavim**.

After completion, application packet and fee should be sent to:

BINA, Seminar E'fal, Ramat E'fal, Israel 52960

Personal Statement (step 3)

On separate sheets of paper, please type your responses to the below questions. Each response should be no more than 2, double-spaced, pages using a 12-point font.

Please be sure to include your full name on top of each page.

1. What good virtues do you bring with you to the TIKKUN OLAM IN TEL AVIV-JAFFA group?
2. What do you hope to gain from the experience and from the group?
3. What are the things that might make this experience difficult for you?
4. What do you see as the most exciting and / or valuable part of the program for you?

Resume (step 4)

Please include: employment history, volunteer history, formal and informal teaching experience (past positions as camp counselor, teacher, youth advisor, etc.), extracurricular activities, and interests (clubs, organizations, hobbies.)



Medical Guidelines (steps 5 & 6)

The TIKKUN OLAM IN TEL AVIV-JAFFA Program requires that all applicants have a complete physical examination as part of the application process. Only information from physical exams conducted during this academic year (beginning August 2008) will be acceptable. Applicants should complete as much of the Personal Health History as possible prior to the physical examination.

Applicants must then submit the completed Personal Health History to their physician for completion of the Physical Examination Form.

The physical exam must be conducted by a licensed physician who is not related to the applicant. Only complete Physical Examination Forms will be accepted. Upon finishing the physical exam, the physician must complete the enclosed Physical Examination Form. Applicants should instruct their physicians to return the full medical form directly to them. The applicant is responsible for returning the full medical form in his/her application packet so all appointments should be made to coincide with application deadlines.

Health-Related Details

The medical form must be as complete and precise as possible.

Each participant will be expected to take part in a number of tours around Israel which include walking long distances, and climbing.

Insurance Details

Please note that the medical insurance available for participants will only cover acute illness and accidents. There are no services available within the framework of the TIKKUN OLAM IN TEL AVIV-JAFFA Program for the treatment of chronic or pre-existing conditions. Medical care will very often be entrusted to fully trained paramedical personnel, although a doctor will always be available on-call. If necessary, the participant may be returned to his/her country of origin for further treatment. Dental treatment, eyeglasses, and contact lenses are not included under the provided insurance plan and must be arranged at the participant's expense.

Any applicant who has been under the care of a specialist (i.e. cardiologist, neurologist, psychiatrist, psychologist, social worker, etc.) must submit a written detailed report from his/her specialist giving complete diagnosis, prognosis, and treatment.

If an applicant is required to continue therapy or treatment, or if s/he must continue receiving medicines and drugs while under the auspices of the program, s/he should submit a medical letter giving full details. Since medicine often not available under the same trade name as in the country of origin, the full pharmacological name of all medicine and drugs used by the patient must be given.

If any changes in the applicant's condition take place between application to the program and departure, the applicant must submit an explanatory medical letter detailing the diagnosis, prognosis, and treatment in full before s/he boards the plane. Failure to submit such a letter may result in expulsion of applicant from the TIKKUN OLAM IN TEL AVIV-JAFFA program without refund.

If any participant should be found, either upon arrival in Israel, or during his/her stay, to be suffering from any condition, mental or physical, that is not fully disclosed in this medical form or in an accompanying letter from a qualified medical or mental health professional, then at the sole and absolute discretion of the TIKKUN OLAM IN TEL AVIV-JAFFA staff, s/he may be asked to leave the program and to a) return to his/her country of origin at his/ her own expense, or b) be treated in Israel at his/her own expense. In such instances, no refund will be provided.

TIKKUN OLAM IN TEL AVIV-JAFFA staff is released of all responsibility of any kind arising out of any participant's medical history and mental or physical condition.



Personal Health Form (step 5)

Personal Health History (To be completed by applicant)

First Name _____ Last Name _____ Gender: _____
 Permanent Address: Number/Street _____ City _____
 State/Province _____ Zip Code _____
 Phone: Home _____ Cell _____ Work: _____
 Fax _____ E-Mail Address _____

Family Medical History:

Father's Information: Father's Name _____ Address _____
 City _____ State/Province _____ Zip/Postal Code _____
 Mother's Information: Mother's Name _____ Address _____
 City _____ State/Province _____ Zip/Postal Code _____

Have any of your immediate family members suffered from any diseases or conditions about which we should be made aware? Yes No

If yes, please explain: _____

Is your biological family history unknown? Yes No

If yes, please explain: _____

Emergency Contact: (list someone other than a parent or guardian)

First Name: _____ Last Name: _____
 Relationship to Participant: _____

Personal Health History:

A. General Medical Information Please check the appropriate box.

1. Have you ever been treated for any major physical ailment? Yes No
2. Do you need special medical, dental, or dietetic services or attention? Yes No
3. Have you ever had asthma or other allergic disorders? Yes No
4. Have you ever had surgery or major hospitalization? Yes No
5. Have you ever been treated by a Mental Health Professional? Yes No

If you have answered "Yes" to any of the above, please list dates and briefly explain in separate sheet of paper.

Note: If, in the last five years, you have ever been under the care of a specialist, required to continue therapy or treatment, or must continue receiving medication or drugs, you must submit a letter from doctor with his/her name, address and phone number. This letter should describe the conditions, prognosis, treatment and resulting implications for your participation in Tikkun Olam in Tel Aviv-Jaffa. We will not process any application that does not include this letter.



B. Health Record Please Note: "YES" responses will NOT make you ineligible for TIKUN OLAM IN TEL-AVIV. We trust that you will answer these questions honestly and in full. All of the information must be filled out completely and will be treated confidentially.

Please check the appropriate box. Check "Yes" if you have ever had or currently have any of the following:

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| 1. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Mononucleosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Cigarette smoking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Medication intolerance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Headaches or migraines | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 21. Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 22. Pneumonia/chronic bronchitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Bronchitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 23. Ear infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Heart trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24. Arthritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 25. Eye trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Kidney trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 26. Fainting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Recurrent back pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 27. Sleep walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 28. Frequent colds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 29. Endocrine disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Ulcer or gastritis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 30. Tuberculosis or positive | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Irritable bowel syndrome | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 31. Eating disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Inflammatory disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 32. Alcohol or drug use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Lactose intolerance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 33. Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Chicken pox | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 34. Accidents/fractures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Insect sting reactivity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 35. Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Convulsions or seizures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 36. Appendectomy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "Yes" to any of the above, please list dates and briefly explain in the space provided below. (*Indicate by number*)

Are you taking any medication now? Yes No

If so, please state its name and the condition it is treating.



Please sign below indicating that you have read this statement and understand it completely.

APPLICANT'S STATEMENT

I hereby certify that, to the best of my knowledge, the above medical form is complete in all its details, and I fully realize that any condition, mental or physical, that I am found to have that originated prior to my arrival in Israel, and which is not described in full in this form or in any accompanying letter, will be due cause for my return to my country of origin, or treatment in Israel solely at my expense, and that the TIKKUN OLAM IN TEL AVIV-JAFFA program and its representatives in Israel have neither responsibility nor liability arising out of such conditions.

I also realize that the medical coverage provided by TIKKUN OLAM IN TEL AVIV-JAFFA does not include dental treatment of any form whatsoever, or eyeglasses. All medications that I take regularly are at my own expense, and have been detailed in this form and in accompanying letters. I give my full permission for all treatment of any nature deemed necessary by doctors in Israel to be extended to me within the framework of the Medical Services of the TIKKUN OLAM IN TEL AVIV-JAFFA representatives in Israel. I am aware that usage or involvement with illegal drugs or narcotics or any other anti-social behavior may be cause for immediate dismissal from the program, and that I will be returned to my home country at my own expense.

I, _____, give permission to TIKKUN OLAM IN TEL AVIV-JAFFA and the agents thereof to contact the aforementioned individual(s) for the purpose of obtaining necessary information to assist in the selection process for TIKKUN OLAM IN TEL AVIV-JAFFA.

Signature of Applicant _____ Date: _____

Applicant's Name _____ Birth date: _____



Medical Examination Form (step 6)

Physical Examination

(To be completed by a licensed physician upon examination)

Height _____ Weight _____ Pulse _____ - _____ B.P. _____ Hb. _____ Hct _____

Urinalysis: Specific gravity _____ Sugar _____ Alb _____ Micro _____

(N = Normal. Check if abnormal and explain)

General Build Head

Ears	_____	Hernia	_____
Eyes	_____	Up Extremities	_____
Teeth	_____	Lower Extremities	_____
Mouth	_____	Inguinal Rings	_____
Throat	_____	Spine	_____
Chest	_____	Musculoskeletal	_____
Lungs	_____	Lymph Glands	_____
Heart	_____	Pelvic (if appropriate)	_____
Breasts	_____	Rectal (if appropriate)	_____
Abdomen	_____	Neurological	_____
Genitalia	_____	Psychological	_____

Restrictions(s), if any:

Note: Please be sure to enclose supporting information if the applicant has any past or ongoing health problems.



PHYSICIAN'S STATEMENT

I have read the Medical Examination Guidelines and program details and, thereafter, have examined the applicant. I have recorded the results above, which represent to the best of my knowledge, the applicant's medical history and my findings upon examination. I certify that the applicant's immunization is current.

In my opinion, the applicant _____(name) is capable incapable (check one) of participating in the program as outlined in the Guidelines and program details.

I have known the applicant for _____ years. I am not related to the applicant.

To the best of my knowledge, the information on pages 1, 2, and 3 is correct. I understand that the TIKKUN OLAM IN TEL AVIV-JAFFA program and its representatives in Israel will rely on my above report and findings.

Name _____ Address _____

Telephone Number _____ E-mail Address _____

Stamp and Signature _____ License Number _____

Date _____

** If you become aware of a change in the applicant's medical condition. Please notify:
 tikkunolam@bina.org.il*



Two Reference Forms (step 7)

References: We prefer, if possible, that one is a professor who has worked closely with you and one is an employer or supervisor who is well acquainted with your work experience. The referee should be someone who can attest to your character, group skills, and leadership abilities. References from relatives, family and friends are not acceptable. The referees you list must complete a separate reference form and mail it back to you in a signed sealed envelope. References may also be mailed or E-mailed to tikunolam@takam.co.il with the subject "TIKKUN OLAM IN TEL AVIV-JAFFA Applicant Reference." PDF format only!

1. Name _____ Email _____ Title _____

Work Phone/Fax _____ Relationship _____

2. Name _____ Email _____ Title _____

Work Phone/Fax _____ Relationship _____



Reference Form

PLEASE RETURN THIS FORM IN A SIGNED, SEALED ENVELOPE:

Name of Applicant _____ Applicant's Phone Number _____

You may also email your response to tikkunolam@bina.org.il as long as personal contact information is included. Please include "TIKKUN OLAM IN TEL AVIV-JAFFA Applicant Reference" in the subject line (PDF format only please!).

TO THE REFEREE:

The individual named above has applied to participate in the TIKKUN OLAM IN TEL AVIV-JAFFA Program. This program is a 5 or 10-month program in Israel restricted to 20 persons each year focusing on volunteer community service in Tel Aviv-Jaffa.

Part I – Ulpan Orientation: Our program starts with a month orientation. Participants learn spoken Hebrew (intensely), experience lectures and workshops on Israeli society, Jewish culture and multiculturalism in Israel, and begin the process of selecting volunteer jobs.

Part II – Main Program: For the main period of the program, participants study and volunteer in community service programs, together with Israeli peers. For these four or nine months, participants will also continue to learn Hebrew and partake in courses and workshops on Israeli society & Jewish and Hebrew culture

The success of the TIKKUN OLAM IN TEL AVIV-JAFFA program depends on a participant's ability to adjust to new environments and people, work and live cooperatively in an intensive group setting, maintain a sense of initiative and independence through positive energy and strength of character, and demonstrate a sincere dedication to his or her volunteer work.

We appreciate your cooperation.



Reference Form

Referee's Name _____ Title _____
 Address _____

Phone Number _____ Email Address _____
 Date _____

1. Please rate the applicant with regard to the following traits:

- | | | | | | |
|----------------------------------|--------------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Inter-Personal Skills | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Initiative Motivation | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Emotional Maturity | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Dependability/Reliability | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Flexibility/Adaptability | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Intellectual Ability | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very Good | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

2. On a separate sheet of paper, please describe:

- For how long have you known this applicant?
- Describe the applicant as specifically as possible
- Please relate to the applicant's strengths as well as weaknesses

3. Do you recommend this applicant for the TIKKUN OLAM IN TEL AVIV-JAFFA program?

- Highly Recommend Recommend Recommend with Reservations Do Not Recommend

All information will be kept strictly confidential and no candidate will be eliminated on the basis of one evaluation.

If you have any questions, please contact us at tikkunolam@bina.org.il



MASA Grant (step 8)

This step is optional, but highly recommended. The standard MASA Grant may offset a significant portion of the Tikkun Olam program tuition, and almost all applicants qualify to receive the grant.

Applicants must apply online at MASA's web site: www.masaisrael.org

Upon completion of the online application, the applicant must sign the 4th page and send it the TIKKUN OLAM IN TEL AVIV-JAFFA office so that it can be forwarded to the appropriate office and processed. Applicants who fail to perform this step will not receive the MASA Grant

Please be aware the MASA Grant funds are transferred directly to the program organizers. This is MASA's policy and TIKKUN OLAM IN TEL AVIV-JAFFA staff has no responsibility or liability in regards to the size of the grant provided or its payment schedule. Each participant is responsible for ensuring that his or her tuition is paid in full by the appropriate deadlines.

Other funding

MASA's need-based scholarship program has been greatly expanded as of the 2009-10 programming year, and all applicants are encouraged to apply. See MASA's website for more details at <http://www.masaisrael.org>.

We recommend submitting scholarship requests for various Jewish organizations you have been or are currently connected to, i.e. local Jewish Federation, synagogue, Jewish Community Center, etc.

We will be happy to provide any scholarship organizations with any information regarding the program.

For more information and resources on additional sources of funding, please visit our website.

Good luck and hope to see you with us soon in Tel Aviv-Jaffa!