



## Szarvas Fellowships

711 Third Avenue, 10th Floor, NY, NY 10017, 212 362 3361, [info@szarvas.org](mailto:info@szarvas.org)

### Official Application Form, 2010

*Thanks for your interest in the Szarvas Fellowships. Before completing this application, be sure to read the Fellowships description at [www.szarvas.org](http://www.szarvas.org). Szarvas Fellows are selected from around North America to travel to the International Jewish Summer Camp in Hungary, where they spend two weeks making friends from around the world, exploring their own family roots, and learning about life in different Jewish communities. They do not serve as counselors, but rather enjoy the warm summer camp environment as equal participants with Jewish students their age from around the world. All letters of acceptance are contingent upon certification of good health, based upon the medical form provided with the acceptance letter.*

#### Email Addresses

These addresses will be used for all the important registration materials and other information sent to applicants and parents. Both addresses must be checked regularly. PLEASE DOUBLE CHECK BOTH FOR CORRECTNESS AND WRITE CLEARLY IN CAPITAL LETTERS.

Email Address for Applicant: \_\_\_\_\_

Email Address for Parents: \_\_\_\_\_

\_\_\_\_\_

#### Personal

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Gender \_\_\_\_\_ Nationality \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

#### Home Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_

Passport Photo: Please include a passport size photo with your application.

Session

Please indicate which session you are applying for. If you are flexible, check both.

- Session 1: July 15<sup>th</sup> - July 30<sup>th</sup>       Session 2: July 29<sup>th</sup> - August 13<sup>th</sup>

Emergency Contact Info

Please indicate two family members or friends to be contacted in emergencies:

CONTACT 1

Name \_\_\_\_\_

Relation \_\_\_\_\_

Telephone Numbers    Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

CONTACT 2

Name \_\_\_\_\_

Relation \_\_\_\_\_

Telephone Numbers    Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

## High School

School \_\_\_\_\_

Grade \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How long have you been at this school? \_\_\_\_\_

If you have attended a Jewish school, please list the school name and the years attended. Please note that no prior Jewish schooling is necessary:

\_\_\_\_\_

How did you hear of the Fellowships? If through a newspaper, please indicate which one.

\_\_\_\_\_

## Extracurricular Activities

Please list any extracurricular activities or interests that you have taken part in, including sports, drama, art, music, travel, foreign languages, hobbies, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Jewish Activities

Szarvas Fellows come from all different backgrounds. Many accepted applicants have had no prior Jewish experiences, while others have had many opportunities for involvement. If you have participated in any Jewish activities, such as youth-groups, summer camps, or volunteer opportunities, please list them here.

## Background Questions

Szarvas Fellows have numerous opportunities to meet and interact with amazing people from all over the world. For the next two questions, imagine that you are about to meet someone your age who lives in a different country and does not know anything about your life. On a separate sheet, please write two paragraphs - one paragraph for each of the following questions:

A. Jewish Identity: Different people from around the world emphasize different aspects of their Jewish identity. Describe your own Jewish identity. What are the most important things you do in your life as a result of being Jewish? What things define you as a Jew?

B. Jewish and Cultural Sensitivity: Szarvas fellows are granted the opportunity to encounter Jews from different parts of the world with vastly different cultures, which enables them to develop a sensitivity and awareness of these cultures. How do you think Jews from other countries view America and American Jewish life? How do you think they would view you? What would you want to know about them before meeting them?

## Personal Statement

This is where we get to hear from you. There are no right answers, so just be yourself and speak your mind.

Please write a one-page letter describing the reasons you would like to go to the International Jewish Camp at Szarvas this summer. What things do you most look forward to experiencing, doing and sharing as a Szarvas Fellow? How would the chance to interact with Jewish teenagers from different countries, cultures, and backgrounds help you learn more about yourself in particular and Judaism in general? How do you feel about the intense lifestyle – always waking up early, eating Eastern European food and running non-stop between many different activities over a very busy two weeks? Discuss what you might be able to give to the hundreds of other campers who come from different backgrounds, and how you could share the experiences you take from the camp with your family, friends and community upon returning.



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Personal Reference Form, 2010

The Fellowships Staff would like to hear from a teacher or principle at your current high school who has known you for some time. Please give the enclosed reference forms to this teacher, and explain to him or her about the program. After completing the sheet, he or she should mail it to the Fellowships office.

IT IS **YOUR** RESPONSIBILITY TO MAKE SURE THE REFERENCE LETTER ARRIVES ON TIME.

You must follow up with the person writing your letter to make sure that your letter is sent in on time. If we do not receive your letter of reference, we will not be able to consider your application.

Only one letter of reference is required for the Fellowships. If you would like to submit optional additional letters of reference, you may do so by copying the enclosed forms.

Signatures

We certify that all the information on the preceding pages is accurate, complete and correct, and that all submitted material is the original work of the applicant and not of the parent or any other person.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please send the completed applications by mail to:

2010 Szarvas Fellowships  
711 Third Avenue, 10th Floor  
NY, NY 10017

All materials should be received before the application deadline of **February 25, 2010**.



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### Personal Reference Form, 2010

Thank you for agreeing to write a letter of reference on behalf of this applicant to the Szarvas Fellowships. We respect and value your assessments and opinions as someone who knows the applicant well. We do not have the opportunity to personally interview applicants from around the country, and so we read these letters very carefully and consider them very seriously.

The Szarvas Fellowships is a highly selective international summer program for exceptional student leaders of the highest personal caliber from across the US and Canada. This letter should be a serious and candid assessment of the applicant's maturity, discipline and readiness for the program. The program is packed with academic study, group discussions, and intense daily schedules. Successful applicants have a genuine, can-do attitude, and are able to work well in groups. They also possess an above average ability to listen to peers with absolute and genuine respect, are able to carefully follow rules, and have no issues respecting authority.

***You are recommending this person to represent your school, and we ask you to be honest.*** In the strongest terms possible, this program is not intended for individuals having any disciplinary issues whatsoever, such as disobedience, disrespect to others, insensitivity, wisecracking, aggression, smart-alecking, or tardiness. **If there are issues or disruptions caused by an individual on the program, the individual will be sent home, and the matter will be followed up extensively with the writer of the letter of reference, as well as the principal of the participant's school.** If you have any doubts or concerns as to the fit of a candidate for the program, please state them in your letter, or refuse to write the letter and recommend another candidate from your school to apply for the program.

We appreciate your time and effort in writing this letter and thank you for your careful and full consideration of this candidate. If you have any questions, please do not hesitate to contact our office at [info@szarvas.org](mailto:info@szarvas.org), or at 212 362 3361.

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

**Referee's Information:**

Referee's Name: \_\_\_\_\_

Position and Institution: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*(continued on next page...)*

*(continued from previous page...)*

How long have you known the applicant and in what capacity?

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This candidate is applying to represent your school at a highly selective international Jewish leadership program. Please list any and all disciplinary issues or concerns relating to the candidate. Has the applicant switched from another educational institution? Why? Use additional space if necessary.

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### **Letter of Reference**

Please attach a one-page letter of reference describing the applicant and your interactions with the applicant. All descriptions should be backed up with specific supporting examples.

Why would you pick this applicant to participate in a group trip of this nature?

Will the applicant be able to keep up with the busy and intensive itinerary, getting up early in the mornings and being able to thrive in new and unfamiliar settings?

Will the applicant be able to reach out to peers from other countries in a respectful and sensitive manner?

Please comment on the applicant's ability to work in a team and whether the applicant provides positive and constructive energy in a group setting.

Thank you for your careful and candid evaluation. Please send completed reference by mail by **February 25, 2010** to the address below. Please note, it is not possible to fax recommendations.

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### **Parent/ Guardian reference form 2010**

**Name of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Parent(s) /Guardian:** \_\_\_\_\_

**Please answer the following answers completely. Your responses support our ability to care for your child during the summer and to provide high-quality, meaningful programming. We require full disclosure of any concerns about your child's mental/ physical health, and parents will be held responsible for any expenses incurred resulting from incomplete disclosure.**

**Please use the other side of the paper if space is needed.**

1 – What is the longest period and frequency that your teenager has traveled away from home without family members, and in what context?

2- Describe some of the ways you see your teenager relating to peers.

3- Describe some of the ways your teenager relates to adults in leadership or authority positions:

4- Please share some of your hopes and/ or concerns regarding your teenager's participation in The Szarvas Fellowship program.

5- Are there specific group or leadership experiences you hope your teenager will have?

6- Are there any significant experiences in your teenager's or family past, that may affect his/her experience during the summer in Hungary, about which The Szarvas Fellowships should be aware (eg. Prior experiences away from home, sickness or loss of a family member, stressful experiences at home, etc.)?

7- Please indicate if you have any concerns about your child's physical and or emotional health, their ability to fully participate in this program, and how the staff can meet any special needs.

8 – Has your teenager ever consulted with or been treated by a counselor, social worker, psychologist or psychiatrist?

Yes  No

If yes, please specify the reasons and duration for the consultation or treatment, and outcome. A letter from the mental health professional is required with the application, and The Szarvas Fellowships reserves the right to contact this professional by phone or in writing to obtain additional information.

9- Please specify if your teenager is taking or has taken any medication to help manage their behavior or emotional health.

10 – Will your teenager know anyone else potentially participating in The Szarvas Fellowships program this summer?  Yes  No

If yes, please identify that person and history of their relationship with your son or daughter.

(Please note that The Szarvas Fellowships strongly encourages participants who know each other from before the summer to plan on applying to separate sessions)

Signatures

We certify that all the information and submitted material on the preceding page is accurate, complete and correct.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date