



Application for an Israel Travel Grant from the Squicciarini Foundation's Pilgrimage Project

Our primary endeavor is educating the next generation in the faith of the Bible. One of the ways we promote spiritual growth, specifically learning more about the roots of our faith, is by offering reimbursement toward travel expenses for families and individuals visiting the Land of Israel, particularly families who cannot afford the expense of traveling with children.

The Pilgrimage Project travel grant makes it possible for people to travel to Israel in order to immerse themselves in the culture of God's people and His Holy Land.

Israel Travel Grant Applications

This complete application must be submitted to the Squicciarini Foundation for verification prior to receipt of grant money. If approved, you will be contacted by our Pilgrimage Project team with next step instructions. The Squicciarini Foundation does not provide an explanation of approvals or denials.

MUST INCLUDE

A signed copy of this application
The itinerary for your proposed trip to Israel
A copy of your valid U.S. Passport for each applicant

SEND TO

Mail to:
The Squicciarini Foundation
Attn: Pilgrimage Project
P.O. Box 945
Indian Trail, NC 28079

Email to:
application@squicciarinifoundation.org

APPLICATION

FAMILY INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Name(s) and age(s) of children, if any:

1. Name: _____ Age: _____ 4. Name: _____ Age: _____

2. Name: _____ Age: _____ 5. Name: _____ Age: _____

3. Name: _____ Age: _____ 6. Name: _____ Age: _____

EMPLOYMENT

Occupation: _____ How long at this job? _____

Employer: _____

COMMUNITY

Name of Congregation: _____ Location of Congregation: _____

How long have you attended _____ Leader's Name: _____
this congregation?

TRAVEL PLANS

Are you planning to go on a tour?

_____ Yes _____ No

What are the dates of your trip?

____ / ____ / ____ - ____ / ____ / ____
mm dd yy mm dd yy

What is the estimated total cost of the trip? _____

Have you been to Israel before?

_____ Yes _____ No

If yes, please provide an explanation of why you would like to return.

What are your goals for visiting Israel?

What is your reason for needing financial assistance with the travel cost?

Please provide contact information for a reference, preferably at the congregation you attend:

Name: _____

Cell Phone: _____ Email: _____

SIGNED STATEMENT

I hereby attest that my motivations to visit the Land of Israel are good and honorable, and I have never received a travel grant from the Squicciarini Foundation, and that this pilgrimage is for the purpose of growing spiritually by learning about the history and geography of the Bible. I love the People, the Land, and the God of Israel, and I promise to abide by the laws of the Land of Israel while I am there.

If I am accepted for a travel grant, I authorize the Squicciarini Foundation to use my photographs and testimony for promotional and educational purposes.

By signing below, I/we hereby acknowledge that I/we have read this document and that I/we have had the opportunity to review and consider the information regarding the U.S. Department of State's current position regarding travel to Israel and surrounding areas as available on this date from the Department. I/we hereby accept any and all risks to my/our life, health, well-being, safety, security and possessions which now exist and/or which may arise during the course of traveling to Israel, and, on behalf of myself/ourselves, my/our next-of-kin, my/our heirs or assigns, I/we hereby release The Squicciarini Foundation and any related or affiliated entities as well as their directors, officers, agents, and employees, from any and all claims which may arise during the course of or as a result of receiving a travel grant from The Squicciarini Foundation and spending time in the Land of Israel.

By signing below, I/we also agree to indemnify, hold harmless and defend The Squicciarini Foundation and any related or affiliated entities as well as any of their directors, officers, agents, and employees, against any and all claims, demands, liabilities, losses, damages, costs and expenses in any way relating to claims or demands made by me/us related in any way to the The Squicciarini Foundation's Pilgrimage Project. The indemnification set forth in this paragraph shall include all expenses, penalties, fines, attorneys' fees and disbursements which The Squicciarini Foundation and/or any related or affiliated entities may incur if any claims are made by me/us related to a trip to Israel made through a travel grant from The Squicciarini Foundation.

Signature: _____ Date: _____