

PASSPORT TO ISRAEL Disbursement Request

- Funds must be requested a minimum of 90 days before the payment is due.
- A copy of the trip invoice must accompany this form.
- Funds are distributed directly to the trip sponsor, not to the family.
- Grant may not exceed actual trip cost.

Student _____ Age/Grade _____ / _____

Parent/IHC Member _____ Phone: _____ E-mail: _____

Trip Sponsor: (name) _____

(mailing address) _____

Date of Trip: _____ Trip Length: _____ Trip Cost: _____

Eligible Years @ IHC grades K-10 x \$100 per year (max. \$900) = \$ _____

Additional Award – Confirmation Completion + \$200 \$ _____

TOTAL IHC GRANT \$ _____

Parent Signature

IHC Representative Signature

FOR IHC RECORDS

Charge line 100-2212-00 and give check to Education office.

IHC Member in Good Standing: Yes No Details: _____

Check Cut To: _____ Amount: \$ _____

Date Requested: _____

Date Mailed: _____