



BASIC APPLICATION

Community (City/State): _____

PERSONAL DATA

Last Name: _____ First Name: _____

Middle Name: _____ Hebrew Name: _____

Name, as you like to be called: _____ (will appear on I.D. badge & printed materials)

Date of Birth: _____ Age: (during MOTL) _____

Please check:

_____ I am Female

_____ I am Male

_____ I Prefer to self describe (please do so on the "My preference is" below)

My preference is: _____

Home Information: Who is guardian at primary residence? (Ex. Mother and Father, Mother, Father, Grandparent)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Consent to Publish in memory book to be distributed to all The Western Region Participants: (Check all that apply)

Cell Phone Home Phone Email

FAMILY BACKGROUND

Parents: Married Divorced Separated Widowed Single Other

Father's Name: _____ Living Deceased

Home Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Mother's Name: _____ • Living • Deceased

Home Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Names and Ages of applicant's siblings:

Unisex Jacket/shirt size: XXL XL L M S

NAME: _____

PASSPORT INFORMATION

Country of Citizenship: United States
(Check all that apply) Israel

Other _____

U.S. Passport Number: _____ Expiration Date: _____

Israel Passport Number: _____ Expiration Date: _____

Do you have a Ptor*? Yes No N/A (*Exemption or deferral letter for Israeli military duty)

EDUCATIONAL DATA AND TRAVEL EXPERIENCE

Name of High School: _____

Name of High School Principal: _____

Address of High School: _____ Grade as of Sept 1: Sophomore

Junior

Senior

Type of School: Public High School
 Jewish Private School
 Other Private School
 Other: _____

Will you be taking AP Exams in the spring? Yes No

Jewish Day School or After School – Weekend Religious School Education

Name of Synagogue or School: _____ Years Attended: _____

Other Jewish Programs: Youth Groups, Educational Programs, Leadership Workshops, etc: (include dates)

Summer Camp and/or Travel Experience, secular or Judaic: (include dates)

Israel Experience: (Family, Independent, or Organized Travel, include dates)

Have you ever been to Poland? No Yes, describe program:

NAME: _____

PERSONAL PROFILE

What activities are you (or have you been) involved with in school?

Describe your activities outside of school. Do you hold any office or leadership positions?

What are your special interests, hobbies, or talents?

Please check areas of talent or interest:

<input type="checkbox"/> Singing	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Playing a musical instrument	<input type="checkbox"/> Computer "Techie"
<input type="checkbox"/> Art	<input type="checkbox"/> Photography
<input type="checkbox"/> Acting	<input type="checkbox"/> Other (list below)
<input type="checkbox"/> Videography	

Will you bring a musical instrument on the March? No Yes, what Instrument? _____

Describe yourself as you see yourself, both your strengths and weakness:

Describe yourself as others see you, both your strengths and weaknesses:

Have you suffered a significant loss? No Yes, please describe:

What type of religious service do you ordinarily attend? Orthodox Conservative
 Reform Reconstructionist
Synagogue Affiliation: Yes No None Other: _____

Name of Synagogue: _____

Hebrew Proficiency: (Check all that apply) None Read Write Speak

Did you have a Bar/Bat Mitzvah? Yes No

Would you be willing to help lead songs, prayers, or religious services? No Yes, please specify

NAME: _____

DIETARY INFORMATION

Do you keep kosher? No
 At home only
 Always
 Other: _____

Dietary Preferences: None
 Vegetarian
 Vegan
 Gluten Free
 Other: _____

Food Allergies, please clarify on Personal Health History (Form PH1(a)2).

*Please be aware that while all food on the March of the Living is kosher, we cannot provide for special dietary needs.

Have you ever been in trouble with the law? No Yes*, please explain:

* Answering yes does not disqualify you for consideration for the program.

Do you plan to apply for financial assistance? No Yes
Contact your local community for scholarship information.

Emergency Contact (EC): (Other than parents)

Name: _____

Relationship: _____

EC's Home Phone: _____

EC's Cell Phone: _____

EC's Email Address: _____

*To confirm the information in this document is accurate
please sign the separate Authorization/Signature Form.*