



# BASIC APPLICATION

**PLEASE PRINT LEGIBLY**

**Community (City/State):** \_\_\_\_\_

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## PERSONAL DATA (TEEN)

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: \_\_\_\_\_

Unisex Jacket/shirt size:  XXL  XL  L  M  S

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

\_\_\_\_\_

Teen Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Teen Home Phone: \_\_\_\_\_ Teen Cell Phone: \_\_\_\_\_

Teen 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

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**FAMILY BACKGROUND**

Parents:  Married  Divorced  Separated  Widowed  Single  Other

Parent/Guardian 1 Name: \_\_\_\_\_  Living  Deceased

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_  Living  Deceased

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names, Grade and Ages of applicant's siblings:

NAME: \_\_\_\_\_

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**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)

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**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?

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Orthodox | <input type="radio"/> Conservative      |
| <input type="radio"/> Reform   | <input type="radio"/> Reconstructionist |
| <input type="radio"/> None     | <input type="radio"/> Other: _____      |

Synagogue Affiliation:  Yes  No

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: \_\_\_\_\_

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**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.

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

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

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

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**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.*