

Hineni APPLICATION FORM

Please print clearly and fill out the form in its entirety. Please add additional comments on back.
Application is due by **July 5, 2021**.

This form is for an individual. Each person applying for the Hineni Fellowship must complete the form.
At least one member of the Applicant's household must be Jewish and between the ages of 22-39.

First Name: _____ Middle: _____ Last: _____

Address: _____

Cell: _____ Home: _____ Email: _____

Relationship Status: _____ Date of Birth (M/D/Y): _____

Jewish? **Yes No** Congregation Affiliation: _____

Do you have children? **Yes No** If yes, how many? _____ Name(s) and Age(s): _____

Occupation: _____ Name of Employer: _____

Do you see a future for yourself in Tidewater? **Yes No**

Please Explain: _____

Current or Previous Community Involvement (organizational affiliations/participation):

Jewish: _____

General Community: _____

What are your strengths and how do you feel they would contribute to the Hineni Fellowship Program?

Why are you interested in the Hineni Fellowship Program?

Thank you for your application!

Please return to Barb Gelb

5000 Corporate Woods Drive, Suite 200 Virginia Beach, VA 23462 Email: bgelb@ujft.org | Direct Phone: 757.965-6105

