



**HINENI**

**2020-2021 HINENI COMMUNITY FELLOWSHIP**

# 2019 NOMINATION FORM

Please print clearly and fill out the form in its entirety. Nominations are due by **September 1, 2019**.

This form is for an individual **(A)** or for a couple **(A) & (B)**. If appropriate, please nominate **BOTH** members of a couple (this includes engaged couples). At least one member of the nominated couple must be Jewish and between the ages of 22-39.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_

Nominee's Name(s): **(A)** \_\_\_\_\_ **(B)** \_\_\_\_\_

Cell Number(s): **(A)** \_\_\_\_\_ **(B)** \_\_\_\_\_

Email Address(es): **(A)** \_\_\_\_\_ **(B)** \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Age(s): **(A)** \_\_\_\_\_ **(B)** \_\_\_\_\_

Is this person Jewish? **(A) Yes No (b) Yes No** Congregation Affiliation: \_\_\_\_\_

Does this person/couple have children? **Yes No**

If yes, how many? \_\_\_\_\_ Ages: \_\_\_\_\_

Do you feel this person/couple is committed to staying in Tidewater? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Has this person/couple expressed an interest in participating in the Hineni Fellowship Program? **Yes No**

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

**Jewish:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**General Community:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state why you feel this person/couple would benefit from the Hineni Community Fellowship

Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please state what traits this person/couple has that would benefit the Hineni Fellowship group as a

whole: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your nomination!**

Please return to Jasmine Amitay:

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Email: [jamitay@ujft.org](mailto:jamitay@ujft.org) | Direct Phone: 965-6138



Simon Family  
**JCC**

