

JEWISH FEDERATION OF CENTRAL MASSACHUSETTS, INC.  
633 SALISBURY STREET  
WORCESTER, MA 01609  
(508) 756-1543

PASSPORT TO ISRAEL  
TRIP APPLICATION FORM

INFORMATION FOR COMPLETING APPLICATION

All Passport to Israel students must complete an application form and comply with all policies and requirements.

1. In order to receive Passport to Israel Funds, the attached form must be completed in its entirety.
2. Please print clearly in ink, or type.
3. In addition to this form applicants must submit the following items:
  - A. A photocopy of the first page of the Registration Form submitted for application to a 2020 Israel summer program. This program must be under the auspices of a recognized Jewish organization.
  - B. Documentation of the exact program price and terms of payment.
4. **NOTE: Applications must be returned to the Federation office by March 16, 2020.**  
(Community service documentation (Sec. B) should be submitted at completion of community service not later than April 3, 2020.)

NAME OF APPLICANT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME OF Parent or Adult Guardian \_\_\_\_\_

TEL # (B) \_\_\_\_\_

CONGREGATIONAL AFFILIATION \_\_\_\_\_

YOUTH GROUP INVOLVEMENT \_\_\_\_\_

Please indicate the program to which you are applying as well as the national Jewish organizational sponsor and its full address.

PROGRAM \_\_\_\_\_ SPONSOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATEMENT OF 2020 PASSPORT TO ISRAEL POLICIES

1. A participant shall be any local Jewish teenager enrolled in the Passport to Israel program who is currently a high school student and who enrolls in a 2020 summer program of a minimum of four weeks duration under the auspices of a recognized Jewish organization.
  
2. Internship: The Committee feels that all those who receive community funds have a responsibility to return something to the community. Each applicant is required to complete a community service project of a minimum of 10 hours at the student's synagogue or local Jewish community agency under the supervision of that agency's director or staff. This project will have to be completed no later than **April 3, 2020.**
  
3. Participants will be expected to share their Israel experiences with community groups eg. Shabbat or holidays at synagogues, at Federation board meetings, religious schools, etc.
  
4. Since this a joint project between the Federation, the Congregations and the families, all families enrolled in the Passport to Israel program must be members in good standing of both their Congregation and the Federation. **To be a member of Federation requires only that a donation, at a level with which the family is comfortable, be made to the Federation's annual campaign.**

Further information concerning the Passport to Israel Program can be obtained by contacting the Federation office at 508-756-1543 or clicking onto our website at [www.jewishcentralmass.org](http://www.jewishcentralmass.org)

We have read and fully accept all the conditions of the Passport to Israel Program. All statements are true to the best of our knowledge.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

**(A check will be transmitted directly from the Federation to the national sponsor of the selected summer program upon receipt of a completed Passport to Israel application, required documentation, completion of the community service internship, and commitment to Jewish Federation of Central Massachusetts' Annual Community Campaign.)**

**II. COMMUNITY SERVICE INTERNSHIP APPLICATION FORM**

**PART A**

1. Each applicant is responsible for arranging his/her own project, which will include a 10 hour component at the student's synagogue or a local Jewish agency. A list of agency contacts is attached.
1. **REMINDER:** This application must be returned to the Jewish Federation of Central Massachusetts office by March 16, 2020.
2. Please complete the following form indicating (synagogue or agency) for your community service project.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**CHECK ONE BELOW:**

**Synagogue component**

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

**Agency component**

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

4. Part B  
**TO BE COMPLETED BY THE RABBI/AGENCY PROJECT SUPERVISOR**  
(see attached)

**PART B**

**TO BE COMPLETED BY THE RABBI/AGENCY PROJECT SUPERVISOR  
AND RETURNED TO THE FEDERATION OFFICE NO LATER THAN  
April 3, 2020**

Note: Each student is responsible for checking with the rabbi/agency project supervisor to ensure that this form is completed and returned to the Federation by the above date.

Name of Student \_\_\_\_\_

Synagogue/Agency \_\_\_\_\_

Rabbi/Supervisor's Signature \_\_\_\_\_

Project Name \_\_\_\_\_

Hours \_\_\_\_\_

Date Completed \_\_\_\_\_

## Examples of Agency/Synagogue Community Service Projects

The following is a list of local Jewish agencies and synagogues. Please contact the synagogue/agency of your choice.

Please remember that Part B of the Community Service Internship Application Form must be completed and returned to the Federation office no later than April 3, 2020.

### **Beth Tikvah Synagogue**

Rabbi Michael Swartz

### **Congregation Beth Israel**

Rabbi Aviva Fellman

### **Congregation B'nai Shalom**

Rabbi Rachel Gurevitz

### **Chabad - Westboro**

Rabbi Michael Green

### **Congregation Shaarai Torah West**

Rabbi Yakov Blotner

### **Eisenberg Assisted Living**

Janice Cohen, Project Supervisor

### **Jewish Community Center**

Emily Rosenbaum, Executive Director

### **Jewish Family Service**

Deb Shrier

### **Jewish Healthcare Center**

Steve Willens, Executive Director

### **Temple Emanuel Sinai**

Rabbi Valerie Cohen

### **Federation**

Steven Schimmel, Executive Director