

FORM A

JEWISH FEDERATION OF GREATER ANN ARBOR

STUDENT EXCHANGE

### Participant Information

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

 Last Name First Name Middle Name

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

 Number and Street City Zip Code

FAMILY TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S CELL PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANTS’ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ CURRENT AGE:\_\_\_\_\_\_\_\_

 M D Y

GENDER: \_\_\_\_\_ \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_

Female Male

DID YOU ATTEND HEBREW DAY SCHOOL? \_\_\_\_\_ \_\_\_\_\_

 Yes No

ARE YOU A MEMBER OF A CONGREGATION? \_\_\_\_\_ \_\_\_\_\_

 Yes No

WHICH ONE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU BEEN TO ISRAEL PREVIOUSLY? \_\_\_\_\_ \_\_\_\_\_

 Yes No

IF YES, LIST WHEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU A VEGETARIAN? (Please check one) \_\_\_\_\_ \_\_\_\_\_

 Yes No

ANY FOOD ALLERGIES? (Please check one) \_\_\_\_\_ \_\_\_\_\_

 Yes No

PLEASE EXPLAIN FOOD ALLERGIES OR ANY OTHER DIETARY REQUIREMENTS:

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

PLEASE INDICATE ANY OTHER ALLERGIES (E.G. DOGS, CATS, TOBACCO SMOKE)

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

T-SHIRT SIZE \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

 S M L XL XXL

SWEATPANTS SIZE \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

 S M L XL XXL

#### Parent/Guardian Information

PARENTS’ MARITAL STATUS: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

 Married Separated Divorced Widowed Other

PARENT 1 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different than participant) Number and Street City, State Zip Code

TELEPHONE: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT 1 E-MAIL ADDRESS:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT 2 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different than participant) Number and Street City, State Zip Code

TELEPHONE: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Business) \_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT 2 E-MAIL ADDRESS:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

TELEPHONE: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Business) \_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN’S E-MAIL ADDRESS:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEND CORRESPONDENCE TO: \_\_\_\_\_ \_\_\_\_\_

 Participants’ address Other address (please specify below)

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

SEND BILLS TO: \_\_\_\_\_ \_\_\_\_\_

 Participant’s address Other address (please specify below)

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

PARTICIPANT ESSAY:

Please submit an essay answering the questions below. The essay should be no longer than one page and be sent via e-mail attachment to jessica@jewishannarbor.org.

***What are your goals and expectations for participating in the Ann Arbor-Nahalal Student Exchange?***

Please mail the $500 deposit (payable to Jewish Federation of Greater Ann Arbor)

and submit this form and essay by e-mail or by mail to Jessica Weil at

jessica@jewishannarbor.org

or

Jewish Federation: Student Exchange; 2939 Birch Hollow Drive; Ann Arbor, MI 48108.

**These items are due by December 13, 2019**

***What do you hope to gain from your trip and how will you contribute to the success of this experience?***