



# The Jewish Federation

OF SOMERSET, HUNTERDON & WARREN COUNTIES

## GIFT OF ISRAEL PROGRAM – APPLICATION

GIFT OF ISRAEL (the “Program”) is a savings and grant program offered by The Jewish Federation of Somerset, Hunterdon & Warren Counties (the “Federation”) in accordance with the terms and conditions of the Program’s Rules and Procedures.

Please fill out the entire application and type or print clearly.

Date: \_\_\_\_\_

### Participant Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Current Grade in School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Name of School

### Parent/Guardian Information:

\_\_\_\_\_  
Parent/Guardian's Name

(\_\_\_\_\_) \_\_\_\_\_  
Business Phone

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Parent/Guardian's Name

(\_\_\_\_\_) \_\_\_\_\_  
Business Phone

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

Family Email Address: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Program of Jewish Education:  
\_\_\_\_\_

Has the Participant been to Israel before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, in what capacity?  
\_\_\_\_\_

Enclosed is a one time, non-refundable registration fee in the amount of \$72, payable to the Federation. Also enclosed is a check in the amount of \$\_\_\_\_\_ (at least \$50), payable to the Federation, for the first year's annual contribution to the Program. The checks, the Confirmation of Initial Participation form, and this form should be delivered to the Federation at its office at 775 Talamini Road, Bridgewater, NJ 08807 on or before December 15 of the current year.