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**2021 Kuriansky Teen *Tzedakah* Corps - Application**

Participants of the **Kuriansky Teen *Tzedakah* Corps**. will come together for five sessions to learn about philanthropy, research and create a request-for-proposals, review grant proposals, and raise and distribute funds. Participants will be expected to do independent research between meetings. **Our goals are to gain leadership skills, function as members of a team, and make a difference in our community. The Kuriansky Teen *Tzedakah* Corp qualifies for community service hours.**

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

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PHONE NUMBER: home - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe, briefly, your previous volunteer experiences and tell what was meaningful for you:

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**2021 Kuriansky Teen Tzedakah Corps –Dates** – Please note that attendance at all meetings is required for participation in KTTC. Meeting will be held via zoom. Applications are due **March 10, 2021.**

Meetings are Sundays from 6:00-7:30pm

March 21

April 11

May 9

June 6th

June 16th (Wednesday, 7pm) Parent/teen program and grant presentations.

Your signature below signifies that if accepted you agree to participate to the best of your abilities **in all KTTC activities and meetings.**

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Name (print) Signature/Date

**PARENTS: Your signature indicates that you understand that participation requires attendance at all KTTC meetings.**. Thank you for your understanding and for supporting your child’s participation.

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

Parent(s) Name (print) Signature/Date