

**JEWISH LATINO TEEN COALITION
2019-2020**



STUDENT APPLICATION FORM

Please PRINT All Information

Direct Any Questions/Return the Application to:

Shari Gootter
Jewish Community Relations Council
3718 East River Road, Suite 100
Tucson, AZ 85718
sharigootter@comcast.net
577-9393 / Fax 577-0734

**Application, essay and letter of recommendation must be emailed or postmarked
By Monday, October 28, 2019**

Name: _____ [] Male [] Female

Address: _____ City: _____ Zip: _____

Phone: _____ Student's Phone: _____

E-mail: _____ Date of Birth: _____

School: _____ Grade in School: (circle one) 10th 11th

Social Security# (Needed for security purposes): _____ - _____ - _____

How do you identify yourself: Jewish Latino Jewish & Latino

Dietary Restrictions and Food Allergies: _____

Vegetarians Only (check appropriate): Lacto Ovo (eats dairy/eggs) Vegan No Red Meat No Fish

Have you been to Washington D.C. Before: No Yes If yes, when? _____

Adults to be contacted in case of emergency:

(circle one) Primary Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Mobile: _____ Occupation/Employer: _____

Parent's E-mail: _____

(circle one) Secondary Parent/Guardian/Authorized Adult: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Occupation/Employer: _____ Parent's E-mail: _____

THIS APPLICATION HAS 2 SIDES: PLEASE COMPLETE BACK

Participant Name _____

Agreements and Regulations

We agree to permit the applicant student to participate in the Jewish Latino Teen Coalition Experience in Washington D.C. pursuant to the conditions stated in the agreement below:

1. Participants must attend a mandatory meeting scheduled to take place from **2:00 - 6:00 on a Sunday in December, exact date and location TBD.**
 2. Each student will be expected to participate fully in the sessions prior to the DC Experience as well as in sessions following DC. Outside assignments must be completed as assigned. Failure to attend programmatic sessions and complete assignments may result in dismissal from the program.
 3. Rules presented to students before and during the DC Experience are in place to ensure the safety and quality of the trip for all participants. Use or possession of drugs, alcohol, or weapons; abuse, defacement or theft of property; breaking curfew; unauthorized absence from programs or program site; or failure to cooperate with staff in all facets of the scheduled program will result in disciplinary action.
 4. Should severe infractions occur, chaperones reserve the right to dismiss the student from the DC Experience and immediately send the student home at the student's family's expense, with no refund of any payments.
 5. The Jewish Latino Teen Coalition sponsors may use slides, photographs, or videotapes of the student in connection with the program.
 6. Program sponsors will not be held responsible for theft, loss, or damage to students' personal property.
 7. **MEDICAL INFORMATION:** If the applicant has any condition that might require medication, accommodation and/or special attention, please detail the condition and explain any measures that are needed to provide proper care. List medications and dosages currently being prescribed for use by a physician. **Please attach additional detailed information if needed:**
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8. In the event the chaperones believe that the student is in need of medical treatment or hospital consultation, treatment or admission, every effort will be made to contact a parent/guardian for authorization. Should the chaperones be unable to establish contact with a parent/guardian, such care is hereby authorized.
 9. Please provide your medical insurance information:
Name of Insurance Company: _____ Policy Number: _____
Name of Policy Holder: _____ Group Number: _____
 10. We will make every effort to accommodate students with special needs of all types. In order to do so, it is the family's responsibility to provide such information that will be kept in the strictest confidence. For the safety and well being of all participants it is critical that you disclose any conditions/situations that may affect your student's experience. **Please attach additional detailed information if needed:**
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- NOTE: Upon acceptance into the program, a medical release from the participant's primary care physician will be **required**.
 - Much of the cost of the program is underwritten by donations. Applicants accepted for this program will be responsible for covering \$225.00 of the cost of participation. Scholarships are available.

We certify that we have read the above agreements and regulations, that the information provided is true, and that we will inform the sponsors of any relevant changes. We understand that _____ (the participant) will abide by the behavioral expectations and rules as outlined above.

Applicant's Signature

Parent or Guardian's Signature

Date

Application, letter of recommendation and a 2-page maximum essay must be emailed or mailed postmarked by Monday, October 28, 2019. Essay should address the following: *Why are you interested in being a participant? What can you contribute to the Coalition? Briefly describe an experience that taught you more about your own or someone else's culture.*