

APPLICATION

TODAY'S DATE _____

PERSONAL INFORMATION

PARTICIPANT CONTACT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Instagram _____

E-Mail Address _____

Birth date _____ Bar/Bat Mitzvah Year _____

GUARDIAN CONTACT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

INTERESTS

- | | |
|--|--|
| <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Local and National Jewish organizations | <input type="checkbox"/> Teen leadership opportunities |
| <input type="checkbox"/> Israel | |

AGREEMENT AND SIGNATURE

By submitting this application, I wish to open a Young Jewish Giving account through the Jewish Federation of Omaha Foundation. I will send a check for \$125 to open my account. I understand my contribution will be matched three-fold with \$375 from the Jewish Federation and its partners. I will attend educational events throughout the school year. I understand I can make allocations from my fund annually.

Participant Name (PRINTED) _____

Guardian Name (PRINTED) _____

Participant Signature _____ Date _____

Guardian Signature _____ Date _____

**For more information please contact Danielle Gordman,
Program Director of Young Jewish Giving
at 402-334-6446 or dgordman@jewishomaha.org**

*If the \$125 initial donation is a challenge for you and
your family, please be in touch with Danielle Gordman
for a confidential conversation.*