

# APPLICATION

TODAY'S DATE \_\_\_\_\_

## PERSONAL INFORMATION

### PARTICIPANT CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

Cell Phone \_\_\_\_\_ Instagram \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birth date (MM/DD/YYYY) \_\_\_\_\_ Bar/Bat Mitzvah Year \_\_\_\_\_

Preferred Pronoun:

 He/Him  She/Her  They/Them  Ze/Hir  Just my name, please

### 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](mailto: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.*