

# APPLICATION

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

## PERSONAL INFORMATION

### PARTICIPANT CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_

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

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

☐ Philanthropy☐ Local and National Jewish organizations☐ Israel☐ Volunteer opportunities☐ Teen leadership opportunities

## 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 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:**  
**Jacob Geltzer, Teen Program Director**  
**402-334-6404 | [jgeltzer@jccomaha.org](mailto:jgeltzer@jccomaha.org)**

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