

Gesher LeKeshet Application

Student Last Name _____ First Name _____

Address _____

City, State, Zip Code _____

Home Phone Number _____

Father's- Name _____ Phone _____ Cell Phone _____

Mother's- Name _____ Phone _____ Cell Phone _____

Student's Email Address (print clearly): _____

Parent's Email Address (print clearly): _____

Birthday: _____ Grade Sept. 2004: _____ Congregation: _____

High School: _____

If your best friend were asked to describe you as a person, what five words would he/she use to describe you?

Describe what you can contribute to Gesher LeKeshet: _____

In what activities have you demonstrated that you have leadership abilities (i.e. youth group, camp, school clubs, sports, etc). What was your role in each activity?

Name of Activity	Leadership Role
_____	_____
_____	_____
_____	_____

Why do you want to continue your Jewish education? _____

Please list all activities that you will be participating in during the next school year (both in school and outside of school):

Name of Activity	Days & Times (ex: Monday 5 –7PM)
_____	_____
_____	_____
_____	_____
