

**Adele and Raymond Carr
S.T.A.R. MAGEN Leadership Program
APPLICATION FORM**

**PLEASE
PLACE
PASSPORT
SIZE
APPLICANT
PICTURE
HERE.**

Date: ____/____/____

Applicant Information: (PLEASE PRINT CLEARLY)

Sex: M ☐ F ☐ DOB: Month ____ / Day ____ / Year ____

School & Grade Attending _____

Name: First _____ Last _____

Hebrew Name _____ Please circle one: **Kohen - Levi - Israel**

Address: _____
Street Address City State Zip Code

Home Phone : () _____ Cell Number: () _____

E-Mail: _____ Facebook ID: _____

Parent's Status: Married to Each Other _____ Divorced _____ Separated _____

Applicant Living With: Father _____ Mother _____ Other (explain) _____

Parent Information:

Mother's Name: First _____ Last _____

Address: _____
Street Address City State Zip Code

Phone : () _____ : () _____ () _____
Home Cell Work

E-Mail: _____ Facebook ID: _____

Father's Name: First _____ Last _____

Address: _____
Street Address City State Zip Code

Phone : () _____ : () _____ () _____
Home Cell Work

E-Mail: _____ Facebook ID: _____

Synagogue Affiliation _____ **Rabbi** _____

Source of Funds for the Trip _____

Please sign and send to S.T.A.R. by MARCH 20, 2013.

If your child will be participating in the MLP Israel Leadership Mission this year,

Please include a non-refundable security deposit of \$250.

Applicants Signature _____ **Date** ____/____/____

Parents (Guardians) Signature _____

MOTHER

FATHER

S.T.A.R. - 6634 Valjean Ave. Van Nuys, CA 91406

Phone: (818) 782-7359 ☆ Fax: (818) 782-5511 ☆ E-mail: star@lastar.org