

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

**PLEASE
PLACE
CLEAR
APPLICANT
PICTURE
HERE.**

Date: ____/____/____ **Passport #** _____

Applicant Information: (PLEASE PRINT CLEARLY)

Sex: M ☐ F ☐ **DOB:** Month _____ / Day _____ / Year _____

School & Grade Attending _____

Full Name: (As it appears on passport) _____

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 _____

****All applications are subject to approval****

****Incomplete applications will be denied****

**Please sign and send this form with a NON-REFUNDABLE Security Deposit
of \$500 to S.T.A.R. by**

Monday April 10, 2017 in order to be eligible for this year's trip.

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

Parents (Guardians) Signature _____
MOTHER FATHER