

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

**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 15, 2019 to be eligible for this year's trip.

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

Parents (Guardians) Signature _____
MOTHER FATHER