



For Office Use Only:

ERETZ UMILOAH
APPLICATION FORM ONE: GENERAL INFORMATION
Parts A- H

Please fill out the application and mail to:

Tehilla New York Office
 Attn: David Matkowsky, Eretz Um'loah
 633 Third Avenue
 21st Floor
 New York, NY 10017

Part A: Personal Information

Name of Program :

Please print clearly

Last Name		Given Name(s)	
Hebrew Name		Nickname	
Address City:		State	Postal Code
Home Telephone No. ()			
Applicant's Mobile Phone No. ()			
Applicant's E-mail Address			
Date of Birth (m/d/y)			
Applicant's Social Security Number			

Part B: Applicant's Citizenship

Country of Birth		
Country Issuing Passport		
Passport Number		
Please Circle One		
Do you currently hold more then one Passport	Yes	No
If so, for which other countries do you hold a Passport?		

Part C: Parent/Guardian Details

Parents Married Divorced Separated Widowed

MOTHER/GUARDIAN:

Last Name: _____ Given Name(s) _____

Address (if different from address above): _____

City: _____ State: _____ Postal Code: _____

Home Telephone No. () _____ Fax No. () _____

Mobile Phone No. () _____ Work Phone No. () _____

Email Address _____

Date of Birth (m/d/y) _____ Country of Birth _____

FATHER/GUARDIAN

Last Name: _____ Given Name(s) _____

Address (if different from address above): _____

City: State: Postal Code: _____

Home Telephone No. () _____ Fax No. () _____

Mobile Phone No. () _____ Work Phone No. () _____

Email Address _____

Date of Birth (m/d/y) _____ Country of Birth _____

If you live with a non-parent guardian, please list his/her name and relationship to you

EMERGENCY CONTACT PERSON OTHER THAN PARENT/GUARDIAN

Last Name: _____ Given Name(s) _____

Relationship to applicant: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Telephone No.: () _____ Work No.: () _____

Mobile Phone No.: () _____ E-mail Address: _____

EMERGENCY CONTACT PERSON IN ISRAEL (if possible)

Last Name: _____ Given Name(s): _____

Relationship to applicant: _____

Address in Israel: _____

Home Telephone No. (including area code): () _____

Mobile Phone No.: () _____ Work No.: () _____

E-mail Address: _____

Part D: Education

What schools have you attended, including current school

Name of School:

Dates Attended:

Name of School:

Dates Attended:

Name of School:

Dates Attended:

If you attended more than one high school, please specify why

Name of University, if you attend:

Current Year:

List Universities/Colleges you are applying to:

List other Israel Programs you are applying to:

Jewish Education: What Hebrew, Jewish, or Sunday Schools (including youth group movements) have you attended?

Foreign Language Ability: What language, other than English, do you speak/understand?

Are you literate in this language (please specify):

Part E: Extracurricular and Personal Activities:

Please list your extracurricular activities and hobbies

Please list your internship and/or work experience

Have you ever been to Israel before? In what capacity?

Part F: Special Food Requirements

Do you have any food allergies? (Please describe in detail, including medication and reaction type):

Are you a vegetarian? YES NO

Are you lactose intolerant? YES NO

Do you have any other dietary requirements (please describe in detail)? :

Part G: General Health Background (in addition to medical form- see FORM FIVE)

Remember all information is kept strictly confidential. In order for Eretz Umiloah to meet your individual needs in Israel it is imperative that you answer the following questions clearly and honestly.

Do you have any allergies (food and non-food related)? Please describe reaction type and medication required:

Do you have any injuries or physical limitations/restrictions or disabilities?

Have you undergone surgery of any sort in the past 12 months?

Are you taking regular medication or will you be carrying any PERSCRIPTION medication with you in Israel?

Do you suffer from Asthma? YES NO

If YES, please describe your asthma plan and any preventative medication:

Psychological Background: Do you suffer from an eating disorder, anxiety, fatigue, insomnia, chemical imbalance, stress related illness, or any other psychological/physical restriction?

Do you have any phobias (e.g. fear of heights)?

Part H: Personal Essay

Please write why you would like to participate in Eretz Um'loah, and what you hope to gain from your year in Israel.