

RETURN TO
 LOCAL AGENCY OR FEDERATION

Please attach 6 passport size photos.

Sign and print your name on the back of each photo as it appears on your passport

Central Office
International March of The Living
 2 West 45th Street, Suite 1500, New York, NY 10036
 Tel: (212) 869-6800 Fax: (212) 869-6822
 Email: motl@motlmail.org Website: www.motl.org

NAME OF APPLICANT

.....

SOCIAL SECURITY NUMBER

.....

INSTRUCTIONS TO APPLICANT

(Please read carefully before completing. Type or print legibly in pen.)

1. Answer all questions on this Application Form. Please type or print clearly. Answer all questions fully. If you wish to give additional information, attach an extra sheet. Be sure to attach six (6) passport type photos of yourself where indicated above.
2. Include a \$500 refundable deposit payable to **March of the Living**. Write your name and social security number on the check. No application will be considered without this deposit. **There will be no refund after January 15.**
3. **The medical form must be completed by you and your physician. The form must be signed by the physician.**
4. Have the enclosed Letter of Recommendation completed by your teacher, principal, Rabbi, guidance counselor or youth advisor. The Letter must be returned directly to the local agency through which you are applying (see above address). Recommendations from friends or family members are not acceptable.
5. Complete an essay on the form provided (on page 6), detailing why you want to go on the March of the Living.
6. **No application will be considered for approval without the essay, Letter of Recommendation, signed Medical Form, health insurance information and deposit.** Send all materials to the local agency through which you are applying [see address above].
7. A personal interview will be required locally prior to your being accepted in the program. Upon receipt of your application you will receive notification for that interview. Final acceptance is subject to the approval of the National Office. You will then be notified.
8. Retain copies of your completed application, essay and medical forms in the event that the originals are lost.
9. We recommend that you purchase trip cancellation insurance.

Name of Applicant: Social Security No.

PERSONAL DATA

Name as Appears on Passport.....
Last First Middle Hebrew Name

Home Address
Street City State Zip

Family Phone # () Cellular # () Email

Name You prefer to be called.....Date of BirthAge Sex: Male Female

Health Insurance Coverage: Company.....Policy #

Country of Citizenship..... Country of Residence Did your parents ever held Israeli Citizenship?

Passport you travel with: Country.....Passport #Expiration Date

Citizen of Israel Yes No Israeli Passport # Expiration Date:..... Pator?.....

FAMILY BACKGROUND

◆ **Name of Father** Living Deceased Occupation:.....

Employer's Name..... Address..... Position.....

Home Address
Street City State Zip

Home Telephone # () Business Tel # ()Citizenship.....

Business Address
Street City State Zip

◆ **Name of Mother** Living Deceased Occupation:.....

Employer's Name..... Address..... Position.....

Home Address
City State Zip

Home Telephone # () Business Tel # ()Citizenship.....

Business Address
City State Zip

Parents: Married Divorced Separated Widowed Single

◆ **Name of Legal Guardian** (if neither of above):

Address
City State Zip

Day Phone # () Night Phone # ()

◆ **Names and Ages of Siblings**

◆ **Grandparents' Names** Grandparents' Names

Deceased

Deceased

Address

Address

Telephone #

Telephone #

◆ **Emergency contact**, in the United States, if parent or guardian not available:

Name..... Relationship to applicant Phone # ()

EDUCATIONAL DATA

[no abbreviations please]

1. GENERAL EDUCATION

Name of current High School..... Grade as of September 1..... Date of Graduation.....

School Address.....
Street City State Zip

Principal's Name

If attending College

Name of College Year.....

School's Address.....
Street City State Zip

2. Jewish Day School Education

Elementary School..... Dates Attended

Address
Street City State Zip

Junior High School Dates Attended

School's Address.....
Street City State Zip

3. After School - Weekend Religious School Education

Name of Synagogue, School, or Teacher Dates Attended.....

Address
Street City State

4. Other Jewish Programs: Youth Groups, Educational Programs, Leadership Workshops, etc. (include dates)

.....
.....

5. Summer Camp and/or Travel Experience, secular or Judaic (include dates)

.....
.....

6. Israel Experience

Program Attended Date(s) Attended.....

Family or Independent Travel Date(s)

7. Have you ever been to Poland before? Yes No Date(s).....

Describe Program

APPLICANT'S STATEMENT

I hereby agree to enroll in the March of the Living Program, a highly intensive Jewish educational experience, to participate fully in all its aspects and to abide by all its rules and regulations. I acknowledge the fact that usage or involvement with alcoholic beverages, drugs or narcotics, or any other type of anti-social behavior including failure to abide by its rules and regulations may be cause for my immediate dismissal from the program and my return to the United States at my own expense.

On the Medical Form enclosed, I have read the Notes to the Examining Physician. I hereby certify that the Medical Form is complete in detail and fully realize that any condition, mental or physical, that is found to have originated prior to my departure, and which is not described in full on this form or in an accompanying letter submitted prior to departure, will be due cause for my return or treatment in the country I am visiting at my expense, and that the March of the Living and its representatives have neither responsibility nor liability arising out of such condition. Furthermore, all medication that I take regularly is detailed in the Medical Form or accompanying letters.

Applicant's Signature Date.....

PERMISSION FORM

I hereby give..... (name of participant) permission to participate in the March of the Living Program.

I agree to hold the leadership of the March of the Living, its representatives and staff, harmless from any liability arising out of transporting and supervising, or any other activity pertaining to this program for the above named participant, and agree to indemnify the sponsors of the March of the Living and its employees for any costs for the above named participant which may arise in connection with this trip.

I give my full permission for all treatment of any nature deemed necessary by doctors in Europe, Israel or USA to be extended to my child within the framework of the medical services provided by the March of the Living leadership.

I have read my child's statement above and agree to all its statements and conditions.

Signature of Parent or Guardian Date.....

