

JEWISH FEDERATION OF CENTRAL MASSACHUSETTS, INC.
646 SALISBURY STREET
WORCESTER, MA 01609
(508) 756-1543

PASSPORT TO ISRAEL
TRIP APPLICATION FORM

INFORMATION FOR COMPLETING APPLICATION

All Passport to Israel students must complete an application form and comply with all policies and requirements.

1. In order to receive Passport to Israel Funds, the attached form must be completed in its entirety.
2. Please print clearly in ink, or type.
3. In addition to this form applicants must submit the following items:
 - A. A photocopy of the first page of the Registration Form submitted for application to a 2025 Israel summer program. This program must be under the auspices of a recognized Jewish organization.
 - B. Documentation of the exact program price and terms of payment.
4. **NOTE: Applications must be returned to the Federation office by April 3, 2025.**
(Community service documentation (Sec. B) should be submitted at completion of community service not later than May 2, 2025.)

NAME OF APPLICANT _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELE # _____

E-MAIL ADDRESS _____

DATE OF BIRTH _____

NAME OF Parent or Adult Guardian _____

TEL # (B) _____

CONGREGATIONAL AFFILIATION _____

Please indicate the program to which you are applying as well as the national Jewish organizational sponsor and its full address.

PROGRAM _____ SPONSOR _____

ADDRESS _____

STATEMENT OF 2025 PASSPORT TO ISRAEL POLICIES

1. A participant shall be any local Jewish teenager enrolled in the Passport to Israel program who is currently a high school student and who enrolls in a 2025 summer program under the auspices of a recognized Jewish organization.
2. Community Service Internship: The Committee feels that all those who receive community funds have a responsibility to return something to the community. Each applicant is required to complete a community service project of a minimum of 10 hours at the student's synagogue or local Jewish community agency under the supervision of that agency's director or staff. This project will have to be completed no later than **May 2, 2025**.
3. Participants will be expected to share their Israel experiences with community groups eg. Shabbat or holidays at synagogues, at Federation board meetings, religious schools, etc.
4. Since this a joint project between the Federation, the Congregations and the families, all families enrolled in the Passport to Israel program must be members in good standing of both their Congregation and the Federation. **To be a member of Federation requires only that a donation, at a level with which the family is comfortable, be made to the Federation's annual campaign.**

Further information concerning the Passport to Israel Program can be obtained by contacting the Federation office at 508-756-1543 or clicking onto our website at www.jewishcentralmass.org

We have read and fully accept all the conditions of the Passport to Israel Program. All statements are true to the best of our knowledge.

Date _____ Applicant's Signature _____

Parent or Guardian's Signature _____

(A check will be transmitted directly from the Federation to the national sponsor of the selected summer program upon receipt of a completed Passport to Israel application, required documentation, completion of the community service internship, and commitment to Jewish Federation of Central Massachusetts' Annual Community Campaign.)

II. COMMUNITY SERVICE INTERNSHIP APPLICATION FORM

PART A

Each applicant is responsible for arranging his/her own project, which will include a 10 hour component at the student's synagogue or a local Jewish agency.

REMINDER: This application must be returned to the Jewish Federation of Central Massachusetts office by April 3, 2025.

Please complete the following form indicating (synagogue or agency) for your community service project.

NAME _____

ADDRESS _____

PHONE _____

CHECK ONE BELOW:

Synagogue component

Agency component

Part B

TO BE COMPLETED BY THE RABBI/AGENCY PROJECT SUPERVISOR

(see attached)

PART B

**TO BE COMPLETED BY THE RABBI/AGENCY PROJECT SUPERVISOR AND
RETURNED TO THE FEDERATION OFFICE NO LATER THAN
May 2, 2025**

Note: Each student is responsible for checking with the rabbi/agency project supervisor to ensure that this form is completed and returned to the Federation by the above date.

Name of Student _____

Synagogue/Agency _____

Rabbi/Supervisor's Signature _____

Project Name _____

Hours _____

Date Completed _____