

**JEWISH LATINO TEEN COALITION
2022-2023**



STUDENT APPLICATION FORM

Please PRINT All Information

Direct Any Questions/Return the Application to:

Shari Gootter
c/o Jacob Meyer
Jewish Philanthropies of Southern Arizona
3718 East River Road, Suite 100
Tucson, AZ 85718
sharigootter@comcast.net
577-9393 / Fax 577-0734

Application, essay, and letter of recommendation must be emailed, uploaded to the Google form at www.jfsa.org/jlhcapp , or postmarked By Friday, October 28th, 2022

Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Student's Phone: _____

E-mail: _____ Date of Birth: _____

School: _____ Grade in School: (circle one) 10th 11th

How do you identify yourself: ___ Jewish ___ Latino ___ Jewish & Latino

Dietary Restrictions and Food Allergies: _____

Have you been to Washington D.C. Before: ___ No ___ Yes If yes, when? _____

Do you have health insurance: ___ No ___ Yes

Parent/Guardian Information:

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Mobile: _____ Occupation/Employer: _____

Parent's E-mail: _____

Parent/Guardian : _____ Home Phone: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Occupation/Employer: _____ Parent's E-mail: _____

THIS APPLICATION HAS 2 SIDES: PLEASE COMPLETE BACK

Application, letter of recommendation and a 2-page maximum essay must be emailed, uploaded to the Google form at www.jfsa.org/jlfcapp , or mailed, postmarked by Friday, October 28th, 2022.

Essay should address the following: *Why are you interested in being a participant? What can you contribute to the Coalition? Briefly describe an experience that taught you more about your own or someone else's culture.*

We certify that the information provided above is true, and that we will inform the sponsors of any relevant changes.

Applicant's Signature

Parent or Guardian's Signature

Date

Applicant's Name (printed)

Parent or Guardian's Name (Printed)

Date