



Yachad Morris Sandelbaum High School Fellowship Program

SUMMER 2012 APPLICATION

All parts of the application **MUST** be submitted by **December 15th, 2011**

Please use dark pen and print neatly.

General Information:

Last	First	Preferred Name/Nickname
Address: _____		
Number and Street		
City	State	Zip
Home Phone	email address (checked on a regular basis)	
Cell Phone	School	

Legal Name _____

Date of Birth: ____/____/____
MM DD YYYY

The Fellowship will take place in the four Yachad camp programs.

Please indicate your preferred site in order of preference*:

- _____ Camp Nesher (Child camper program)
- _____ Camp Moshava (Camper and vocational programs)
- _____ Camp Morasha (Young adult camper and vocational programs)
- _____ Camp Lavi (Vocational program)

***Preferred site not guaranteed**

Please be sure to include a recent picture of yourself.

Personal History:

1. Have you ever participated in Yachad programs before? Yes No

If yes, please describe in what capacity you have done so:

2. Have you ever worked with children or adults with developmental disabilities or any other special needs population outside of Yachad? Yes No

If so, please describe _____

3. What contributions do you think you could offer our participants? (i.e. particular strengths, talents, skills)

4. References (no relatives, please). At least one of these references must be a school official who completes our recommendation form.

Name	Organization	Phone number(s)	Knows you in what capacity?
1.			
2.			
3.			

Family Information:

Mother's Name: _____

Father's Name: _____

Title (ex. Mrs., Dr.) _____

Title (ex. Mr., Dr., Rabbi) _____

Address (if different than applicant's):

Address (if different than applicant's)

Occupation: _____

Occupation: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Business Phone: _____

Business Phone: _____

Email address: _____

Email address: _____

Emergency contacts (in addition to parents):

A. Name _____ Relationship to Applicant _____

24 hr. Emergency Numbers _____

B. Name _____ Relationship to Applicant _____

24 hr. Emergency Numbers _____

Physician to contact in case of an emergency:

Name _____ Phone _____

Insurance Information

Name of Cardholder _____

Relationship to Participant _____ Birthdate of Cardholder _____

Insurance Company _____ ID # _____

Group # _____ Coverage includes: Prescription Drugs Out-of-Country

Please be sure to include a copy of your insurance card(s), front and back, with this application.

Medical Information:Are you allergic to anything, i.e. food, medication, insect bites, etc.? Yes No

If yes, please describe both reaction and treatment:

—

Are there any medication(s) you currently take regularly? (List medication(s), dosage, and reaction if not taken on time.

Use additional paper if necessary.)

—

Are you a vegetarian? Yes No Are you on a gluten free diet? Yes No

Within the last 12 months have you received, or are you presently receiving, treatment for any medical or psychological

condition? Yes No If yes, please describe:

—

Fellowship Applicant Essay:

Please answer both essays on a separate piece of paper to be submitted with your completed application:

- 1) **Discuss (2 -3 paragraphs) an experience that you have had with Yachad and how that experience impacted your decision to apply for this Fellowship program.** If you have not had any prior experience with Yachad, please attend a Yachad program (ex. a Shabbaton) and write a brief essay discussing your experience. If you are waiting to attend a program for the first time, please submit application in the meantime, without the essay.
- 2) **Discuss in 1 -2 pages: “What would the world look like if no one had special needs?”**

PLEASE NOTE:

1. Submission of an application and/or registration fee does not guarantee acceptance to The Yachad Morris Sandelbaum Fellowship Program.
2. An interview is required to complete your application.
3. False or misleading statements in the application, medical form, or interview are cause for dismissal from or non-acceptance to the program without refund.
4. Failure to complete payment by December 15th, 2011 will result in the cancellation of the application.
5. Applicants who are **not** accepted – registration fee will be refunded in full.
6. Acceptance refund policy: Upon a satisfactory review meeting, at the end of the program, with your fellowship supervisor the complete registration fee will be refunded.

I, the applicant, have read and fully accept the above. All information that I have supplied in this application is correct to the best of my knowledge.

Applicant Name (Print) _____

Applicant Signature _____ Date: _____

By signing below I indicate that I have read and agreed to the above statements.

Parent/Legal Guardian Signature _____ Date _____

Submissions of this application can be by mail, email or fax.

If you do not receive an email confirmation within one week of sending your application please call our office at 212-613-8376 to confirm receipt.

A \$500 registration fee is due with this form.

(Returned at the end of the summer upon completion of the Fellowship)

I have included a check for \$500 payable to Yachad Summer Programs.

Please charge my credit card the \$500 registration fee.

Credit Card information Please circle: Visa MasterCard Discover American Express

Credit card number _____ Expiration date _____ / _____
MM YYYY

Name on Card _____

Did you remember to:

- Sign and date this application?
- Include a picture of applicant? (if faxed, please email or mail picture)
- Include a registration fee of \$500 (either by check or credit card)?
- Include copies (front and back) of all insurance cards?
- Write and include the required essays.
- Submit one recommendation form?

ATTN: NECHAMA BRAUN • 11 BROADWAY THIRTEENTH FLOOR • NEW YORK, NY 10004
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Yachad, The National Jewish Council for Disabilities, is an agency of the Orthodox Union.