



**JEWISH FEDERATION OF METROPOLITAN CHICAGO**  
**8<sup>th</sup> GRADE ISRAEL EXPERIENCE SAVINGS REQUEST FORM**



for SKIP, Gift of Israel, Walk with Israel Vouchers  
 and/or JUF Bar/Bat Mitzvah Israel Experience Certificates

When you are ready to use your Israel Experience savings for an approved program in Israel, please complete this form and send it **AT LEAST 30 DAYS BEFORE YOU NEED YOUR FUNDS** to:

Israel Experience Programs  
 Jewish Federation of Metropolitan Chicago  
 30 South Wells Street, Room # 5031  
 Chicago, IL 60606-5056

**PLEASE PRINT OR TYPE:**

Participant's name: \_\_\_\_\_ Participant's Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Congregation: \_\_\_\_\_ School \_\_\_\_\_

Israel Experience Program: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date \_\_\_\_\_ Current Grade \_\_\_\_\_

I plan to use my ISRAEL EXPERIENCE SAVINGS for the above named program. I understand that the check *must* be made payable to the program or program sponsor. Checks CANNOT be made payable to individuals. **My check should be made payable to:**

\_\_\_\_\_  
 (program or program sponsor)

**TAX CONSEQUENCES:** It is our belief that the interest earned on family contributions to SKIP and Gift of Israel accounts is taxable and must be reported on your tax return. Please note that Federation will NOT issue a form 1099, but the amount of taxable interest will be reported to you on the check explanation form that will accompany your check.

**PLEASE check only the boxes for the program(s) in which you are enrolled and from which you would like to use funds:**

- SKIP (NOTE THAT YOU MUST SUBMIT THIS FORM PRIOR TO 12/1 OR FOLLOWING 2/15)**
  - I plan to remain in SKIP through 9<sup>th</sup> Grade       I want to close my SKIP account (please attach a Withdrawal Form)

Please withdraw a maximum of:

- \$500 (for trips from five to nine days)
- \$1,000 (for trips of ten days or longer)

- JUF Bar/Bat Mitzvah Certificate (please enclose if available)**
- Gift of Israel**
  - Include my entire Gift of Israel savings     Include only part of my Gift of Israel savings: \$ \_\_\_\_\_
- Walk with Israel vouchers (must be fully completed and enclosed).** Number of vouchers \_\_\_\_\_

**A CHECK MADE PAYABLE TO YOUR PROGRAM WILL BE SENT DIRECTLY TO THE PROGRAM PROVIDER.**

\_\_\_\_\_  
 Signature of ISRAEL EXPERIENCE savings recipient

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of parent or legal guardian

\_\_\_\_\_  
 Date

**If you have any questions, call (312) 444-2895 or email [israelexperience@juf.org](mailto:israelexperience@juf.org).**