



IsraLimmud:
JUF's JCRC/Hillel Israel Initiative
Israel Education and Advocacy Fellowship Program

Application
(Please print clearly)

Full Name _____

School _____ Year in school _____

Address _____

Phone number _____

E-mail address _____

I _____ (please print name) agree to fully participate in the IsraLimmud program. I will attend each 1.5 – 2 hour workshop, as scheduled.

Participation in this program will include involvement in the Israel Initiative's online discussion forum. I agree to comply with the forum's rules and regulations of conduct as posted.

I understand that in order to receive the certificate of completion granted at the end of this program, the above criteria must have been satisfactorily met.

Student's signature Date

Please fax signed form to 312-855-3285
Or e-mail to campusinitiative@juf.org

JCRC/Hillel Israel Initiative
30 South Wells St.
Chicago, IL 60603
www.juf.org/college/israel_initiative.aspx