



8<sup>th</sup> Grade Israel Experience Savings Request Form
for SKIP, Bar/Bat Mitzvah Certificates, Gift of Israel, and/or Walk With Israel Vouchers

\*ONLY FOR AKIBA SCHECHTER AND SOLOMON SCHECHTER ISRAEL TRIPS - NOT ISRAELNOW\*

When you are ready to use your Israel Experience savings for an approved program in Israel, please complete this form and submit it to the Israel Experience office. FUNDS WILL BE SENT DIRECTLY TO YOUR SCHOOL.

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

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 the boxes for the savings from which you would like to use funds.

SKIP:

Use all of my SKIP funds

Use this amount from my SKIP funds: \$ \_\_\_\_\_

\*Please note: In order to make a SKIP payment in 9th grade, you must leave a balance of \$1 in your account.

Bar/Bat Mitzvah Certificate:

The certificate is enclosed

I can't find the certificate but would like to redeem it

Gift of Israel:

Use all of my GOI funds

Use this amount from my GOI funds: \$ \_\_\_\_\_

Walk With Israel Vouchers (must be fully completed and enclosed)

Number of vouchers: \_\_\_\_\_

(REQUIRED) Signature of Israel Experience participant

Date

(REQUIRED) Signature of parent/guardian

Date

Once signed, please email this form to isralexperience@juf.org.

If you have any questions, please email isralexperience@juf.org.