

Temple Beth Sholom
Madrachim/Lapidim Program Application
 2009-2010

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Name:		Home #:	Cell #:
Address:		City:	ZIP Code:
Date of Birth:	Grade (Fall 2009):	Email:	

1. Have you ever been in the Madrikhim/Lapidim Program before? No Yes
 If yes, for how long? _____

2. List any Jewish groups in which you have participated: _____

3. Describe any work experience you have had:

Place	How Long?	What did you do?

4. Describe any leadership programs in which you have participated: _____

5. What grade levels are you interested in working with?
 K-2 3rd/4th Kadimah 5th/6th Mechinah Office

6. Please describe briefly why you would like to participate in the Madrikhim/Lapidim Program:

 Student Signature

Please return this application to the Education Office no later than Wednesday, August 28, 2009