

RETURN TO  
LOCAL AGENCY OR FEDERATION

Central Office  
**International March of The Living**  
2 West 45th Street, Suite 1500  
New York, NY 10036  
Tel: (212) 869-6800 Fax: (212) 869-6822  
Email: [motl@motlmail.org](mailto:motl@motlmail.org) Website: [www.motl.org](http://www.motl.org)

Please attach 6 passport  
size photos.  
  
Sign and print your name  
on the back of each photo  
as it appears on your  
passport.

NAME OF APPLICANT

.....

EMAIL

.....

## INSTRUCTIONS TO APPLICANT

(Please read carefully before completing. Type or print legibly in pen.)

1. Answer all questions on this Application Form. Please type or print clearly. Answer all questions fully. If you wish to give additional information, attach an extra sheet. Be sure to attach six (6) passport type photos of yourself where indicated above.
2. Include a \$400 refundable deposit made out to **March of the Living**. Write your name on the bottom of the check. No application will be considered without this deposit. **There will be no refund after January 31.**
3. **The medical form must be completed by you and your physician. The form must be signed by the physician.**
4. Have the enclosed Letter of Recommendation completed by your teacher, principal, Rabbi, guidance counselor or youth advisor. The Letter must be returned directly to the local agency through which you are applying (see above address). Recommendations from friends or family members are not acceptable.
5. Complete an essay on the form provided (on page 6), detailing why you want to go on the March of the Living.
6. **No application will be considered for approval without the essay, Letter of Recommendation, signed Medical Form, health insurance information and deposit.** Send all materials to the local agency through which you are applying [see address above].
7. A personal interview will be required locally prior to your being accepted into the program. Upon receipt of your application you will receive notification for that interview. Final acceptance is subject to the approval of the National Office. You will then be notified.
8. Retain copies of your completed application, essay and medical forms in the event that the originals are lost.
9. We recommend that you purchase trip cancellation insurance.

Name of Applicant: ..... Email .....

## PERSONAL DATA

Name as Appears on Passport .....  
Last First Middle Hebrew Name

Home Address .....  
Street City State Zip

Family Phone # ( ) ..... Cellular # ( ) .....

Name you prefer to be called ..... Date of Birth ..... Age ..... Sex:  Male  Female

Health Insurance Coverage: Company ..... Policy # .....

Country of Citizenship ..... Country of Residence ..... Did your parents ever hold Israeli Citizenship? .....

Passport you travel with: Country ..... Passport # ..... Expiration Date .....

Citizen of Israel Yes  No  Israeli Passport # ..... Expiration Date: ..... Pator? .....

## FAMILY BACKGROUND

◆ Name of Father ..... Living  Deceased  Occupation: .....

Employer's Name ..... Address ..... Position .....

Home Address .....  
Street City State Zip

Home Telephone # ( ) ..... Business Tel # ( ) ..... Citizenship .....

Business Address .....  
Street City State Zip

◆ Name of Mother ..... Living  Deceased  Occupation: .....

Employer's Name ..... Address ..... Position .....

Home Address .....  
City State Zip

Home Telephone # ( ) ..... Business Tel # ( ) ..... Citizenship .....

Business Address .....  
City State Zip

Parents:  Married  Divorced  Separated  Widowed  Single

◆ Name of Legal Guardian (if neither of above): .....

Address .....  
City State Zip

Day Phone # ( ) ..... Night Phone # ( ) .....

◆ Names and Ages of Siblings .....

◆ Grandparents' Names ..... Grandparents' Names .....

Deceased  Deceased

Address ..... Address .....

Telephone # ..... Telephone # .....

◆ Emergency contact, in the United States, if parent or guardian not available:

Name ..... Relationship to applicant ..... Phone # ( ) .....



# EDUCATIONAL INFORMATION

[no abbreviations please]

## 1. GENERAL EDUCATION

Name of current High School..... Grade as of September 1..... Date of Graduation.....

School Address.....  
Street City State Zip

Principal's Name .....

### If attending College

Name of College ..... Year.....

School's Address.....  
Street City State Zip

## 2. Jewish Day School Education

Elementary School..... Dates Attended .....

Address .....  
Street City State Zip

Junior High School ..... Dates Attended .....

School's Address.....  
Street City State Zip

## 3. After School - Weekend Religious School Education

Name of Synagogue, School, or Teacher ..... Dates Attended.....

Address .....  
Street City State

## 4. Other Jewish Programs: Youth Groups, Educational Programs, Leadership Workshops, etc. (include dates)

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## 5. Summer Camp and/or Travel Experience, secular or Judaic (include dates)

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## 6. Israel Experience

Program Attended ..... Date(s) Attended.....

Family or Independent Travel ..... Date(s) .....

7. Have you ever been to Poland before? Yes  No  Date(s).....

Describe Program .....

## APPLICANT'S STATEMENT

I hereby agree to enroll in the March of the Living Program, a highly intensive Jewish educational experience, to participate fully in all its aspects and to abide by all its rules and regulations. I acknowledge the fact that usage or involvement with alcoholic beverages, drugs or narcotics, or any other type of anti-social behavior including failure to abide by its rules and regulations may be cause for my immediate dismissal from the program and my return to the United States at my own expense.

On the Medical Form enclosed, I have read the Notes to the Examining Physician. I hereby certify that the Medical Form is complete in detail and fully realize that any condition, mental or physical, that is found to have originated prior to my departure, and which is not described in full on this form or in an accompanying letter submitted prior to departure, will be due cause for my return or treatment in the country I am visiting at my expense, and that the March of the Living and its representatives have neither responsibility nor liability arising out of such condition. Furthermore, all medication that I take regularly is detailed in the Medical Form or accompanying letters.

Applicant's Signature ..... Date.....

## PERMISSION FORM

I hereby give..... (name of participant) permission to participate in the March of the Living Program.

I agree to hold the leadership of the March of the Living, its representatives and staff, harmless from any liability arising out of transporting and supervising, or any other activity pertaining to this program for the above named participant, and agree to indemnify the sponsors of the March of the Living and its employees for any costs for the above named participant which may arise in connection with this trip.

I give my full permission for all treatment of any nature deemed necessary by doctors in Europe, Israel or USA to be extended to my child within the framework of the medical services provided by the March of the Living leadership.

I have read my child's statement above and agree to all its statements and conditions.

Signature of Parent or Guardian ..... Date.....

## ESSAY

Write a short essay on “*Why I Would Like To Participate In The March Of The Living.*” It is to be printed or typewritten, not to exceed 500 words, or two typewritten pages.