G2 Family Application

Grandchild Information

How many children participants are applying in your family? _____

Name(s): _____ _____ _____
First *Middle* *Last*

_____ _____ _____

Address: _____
street *city* *state* *zip*

Phone: _____ *home* _____ *cell (parent &/or child)*

Email: _____ *(parent &/or child)*

Grandparent Information

How many Grandparents are applying to participate? _____

Name(s): _____ _____ _____
First *Middle* *Last*

_____ _____ _____

Address: _____
street *city* *state* *zip*

Phone: _____ *home* _____ *cell (G-parent #1)*

_____ *cell (G-parent #2)*

Email(s): _____

Please advise if there is anything we should know about any participants: _____

_____

_____

Parent Information

Name(s): _____ _____ _____
First *Middle* *Last*

Address: _____
street *city* *state* *zip*

Phone: _____ *home* _____*cell*

Email(s): _____

Please check waivers:

- ☐ We certify that there are no health issues with any applicants that would prohibit participation in normal activity including touring, walking, and easy hikes.
- ☐ We approve that any photos or videos taken may be used in whatever manner deemed appropriate by hosting institutions

Please use the following space to explain why you are interested in participation in this program. *(use extra paper as needed)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Total Program Cost - $1,750 per participant (airfare is additional)
Payment Plan –

- $250 per participant due with application
- The remaining $1,500 (less any scholarship money) can be paid in payments of $500 per participant at/or before the September, October and November sessions.

Checks should be made payable to the **Jewish Federation of Greater Pittsburgh** and can be mailed to Debbie Swartz, Jewish Federation of Greater Pittsburgh, 2000 Technology Dr. Pittsburgh PA 15219

Credit card payments can be made by calling 412-681-8000

Signatures below indicate agreement to participate in the program and payment plan as outlined above.

Signed by Grandparent(s): _____ date _____
_____date_____
Child's parent(s): _____ date_____
_____ date _____

Submit to Kristin Karsh, G2 Facilitator
4905 Fifth Ave, Pittsburgh PA 15213 or karsh@rodefshalom.org
(412) 621-6566 x120