



# Jewish Student Pre-Orientation Program

## 2009 APPLICATION FORM

Please return the completed application postmarked by **June 12, 2009**. If you have any questions regarding the Pre-Orientation Program please call (202) 687-6973 or email [jewishchaplaincy@georgetown.edu](mailto:jewishchaplaincy@georgetown.edu).

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**General Information**

*Please answer all of the questions in this section.*

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Net ID: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Jewish Background (check all that apply):  Orthodox  Conservative  Reform  
 Secular  Other \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Summer Address (if different): \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

High School:  Public  Private  Transfer Student

High School/Transfer College Name: \_\_\_\_\_

School Entering at Georgetown (please circle): COL SFS MSB NHS

Expected Major/Minor: \_\_\_\_\_

**Brief Essay (1-2 Paragraphs)**

Please answer the following questions on a separate piece of paper. Your responses must be limited to **one page total**.

**Choose two:**

- 1) What being Jewish means to me
- 2) What I would like to learn about Judaism
- 3) What involvement I have had in the Jewish Community and/or why I want to be involved in the Jewish Community

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My signature below indicates my commitment to the program in its entirety. Should I fail to participate in full, for any reason, I acknowledge that I may be charged for programmatic costs incurred by the Jewish Chaplaincy.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Mail completed application to:**

Jewish Chaplaincy  
Healy 111  
Georgetown University  
Washington, DC 20057