

J-LEAD PROGRAM APPLICATION

Name _____
First Last

Preferred Name/Nickname _____

Gender _____ Date of Birth _____ Years in Louisville _____ Are you Jewish? _____

Address _____

City State Zip

Phone _____ Email _____

Current Employer _____

Job Title _____

Do you have children? _____ If so, how many? _____ Ages? _____

Family members' names living in or from Louisville and relationship(s) _____

Are you committed to staying in Louisville? _____

Current or previous community involvement – Jewish? General Community? _____

What do you hope to gain from this leadership development program? _____

What impact do you hope to have on the Louisville Jewish Community in the future? _____

Congregation Affiliation (if any) _____

Do you keep kosher? (food will be provided at select sessions) _____

Program Requirements:

1) Attend a minimum of 5 out of 7 sessions; 2) While a program fee is not required, a gift of \$180 per person to the Federation Annual Campaign will be requested.

By signing this form, I acknowledge that my image may be used in Jewish Community of Louisville materials.

Signature

Date

