

S.K.I.P. Send a Kid to Israel Program  
Israel Incentive Program

**Account Application Form**

Name of child \_\_\_\_\_

Child's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's phone number \_\_\_\_\_ Date of birth \_\_\_\_\_

Current school grade \_\_\_\_\_ Current grade in religious school \_\_\_\_\_

Child's social security no. \_\_\_\_\_

Name of parent \_\_\_\_\_

Parent's address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's phone number (if different) \_\_\_\_\_

Parent's social security no. \_\_\_\_\_

Contributor other than parent \_\_\_\_\_

Contributor's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contributor's phone no. \_\_\_\_\_

Contributor's social security no. \_\_\_\_\_

Date of application \_\_\_\_\_ Amount enclosed \_\_\_\_\_

**Please make checks payable to: Congregation Ahavas Israel-S.K.I.P.**

Mail to Congregation Ahavas Israel Scholarship Committee  
2727 Michigan N.E.  
Grand Rapids, MI 49506