

# THE BARBER FOUNDATION-TEFILLIN PROJECT

## APPLICATION

Today's Date:	
Full Name:	Date of Birth:
Address:	
Phone Number:	Email:
Hebrew Name:	Date of Bar Mitzvah:
School Currently Attending:	
Synagogue you Attend:	Rabbi's Name: Phone:
Which of your parents is Jewish (circle one): Both   Mother   Father   None	
Are there any conversions in your family: Yes   No	
IF yes, who converted: Mother   Father   Other	Was it an Orthodox Conversion: Yes   No
Please explain in a few words why you are applying for a pair of Tefillin:	
To share in the complete ownership of your Tefillin how much are you able to contribute towards your new pair of Tefillin and why:	
How often can you commit to wearing your new Tefillin (circle one): Once a Week   Twice a Week   Every Other Day   Everyday	
Are you (check one): <input type="checkbox"/> Right handed <input type="checkbox"/> Left handed	What Nusach of Tefillin do you need (check one): <input type="checkbox"/> Ashkenaz <input type="checkbox"/> Sefardi/Edut Hamizrach <input type="checkbox"/> Chabad/Arizel <input type="checkbox"/> Other (please specify):
By accepting The Barber Foundation's help in acquiring Tefillin, you commit to wearing Tefillin according to the frequency listed above to the best of your ability: Yes   No	
Your Signature:	Rabbi's Signature:
Parent's/legal Guardians Signature if under 18:	
Would you be willing to send a photo of yourself wearing your new Tefillin: Yes   No	
If yes, would you and your legal guardian/parent agree to The Barber Foundation posting your picture on our website's page for "Recipients of Tefillin" page and/or write out in a few words - "What Tefillin Means To Me" to also be used on the Barber Foundation's Tefillin Project website: Yes   No	