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Sandra Kopp, M.S.
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Matching Funds for Beth Torah Children to go to Israel!

Dear Parents,

We are proud to offer you an exciting opportunity for students in grades K-9 of our Beth Torah Benny Rok Campus members in good standing. The program is called **"Gift of Israel"** (formerly known as Passport to Israel) and helps to provide students with the opportunity to participate in an educational trip to Israel during their teen years. The program is sponsored by the Greater Miami Jewish Federation and Beth Torah.

The plan works this way: Each year, for up to ten years, each participating family contributes a maximum amount of \$100, and a match of up to \$100 will be made by the Greater Miami Jewish Federation and Beth Torah. At any time after 9th grade and before the student's 26th birthday, the accumulated funds and interest can be applied toward the cost of an approved educational trip to Israel (summer programs, gap year programs, High School in Israel, March of the Living, etc). While enrolled, students receive GOI (Gift of Israel) publicity and educational materials regarding Israel.

Studies have shown that group experiences, especially Israel trips, are strong factors in determining the strength of Jewish commitment in college. Take advantage of this wonderful opportunity! We are excited about the possibilities the Gift of Israel program offers and hope that all of our families will want to take part. We are looking to grow enrollment in this program and want to expand the number of member families participating. We have the funds to add an additional 30 children this year and the first 30 children that register will receive matching funds from the Beth Torah Foundation and GMJF. Children that register for the program after the first 30 children will still receive matching funds from GMJF but not the synagogue. Each year we plan on expanding the program to include more and more children.

If you are interested, please fill out the form below and return it with a check for up to \$100 made payable to Beth Torah no later than April 1st (indicate your child's name of GOI in the check's margin). **Please make sure to send your check payable to Beth Torah before this deadline.**

What a wonderful way for our parents, Beth Torah, and Federation to work together to provide a life changing experience for our children.

B'Shalom,

Etta Birenbaum Epstein & Michael Newman, Co-Financial Vice Presidents
 Jill Koch, Executive Director

PARTICIPANT AGREEMENT (Family, Congregation, and Federation) page 1 of 2

The Parties to this Agreement, _____
(parent(s)/guardian(s) full names) and the Greater Miami Jewish Federation (Federation) hereby agree to participate in the Gift of Israel Savings Program. The purpose of this program is to provide financial resources to help enable _____ **(participant full name)** to experience and visit Israel as part of his/her Jewish education.

_____ **(Name of congregation/institution)** and, _____
(parent(s)/guardian(s) full name) agree to **each** contribute a minimum of \$100 each fiscal year (July 1-June 30) to a separate Israel education fund administered by Federation. Federation will match the family contribution of \$100 per student enrollment year to a maximum total contribution of \$1,000 during the program.

The terms and rules controlling the parties' participation in this program are defined in the attached separate document titled, The Gift of Israel Savings Program Rules of Participation (hereinafter known as "Rules of Participation"). The parties to this agreement state they have read the separate document known as "Rules of Participation" and hereby agree to participate in this program according to its terms.

It shall be the Parent/Guardian's responsibility to inform Federation of any change of address. In the event that Federation is unable to locate the Participant, Federation reserves the right to retain funds contributed by the Parent/Guardian and apply them to its Israel Programs Scholarship Fund.

The parties further acknowledge their participation in The Gift of Israel Savings Program by signing and dating this agreement below.

Congregation/Institution:

Gift of Israel Administrator Name: _____

Gift of Israel Administrator – Signature _____

Date: _____

Parent/Guardian:

Parent/Guardian Full Name: _____

Parent/Guardian – Signature: _____

Date: _____

PARTICIPATING SYNAGOGUE MUST FORWARD THESE TWO PAGES TO FEDERATION TO COMPLETE PROCESSING

This section to be completed by the Greater Miami Jewish Federation

Date Received: _____ Received by: _____

PARTICIPANT AND FAMILY INFORMATION *page 2 of 2*

Participant's Full Name: _____ Date of Birth: _____

Age: _____ Grade: _____

Home Address 1: _____

Home Address 2: _____

City: _____, State: _____, Zip: _____

Phone: _____ Email: _____

Affiliations:

Synagogue: _____

Youth Groups, JCC, etc: _____

Visited Israel? _____ If yes, provide brief details:

If applicable, Israel Program you wish to go on & when:

Name of Israel Program: _____

Date of Program: _____

Family Information

Parent 1 Name: _____

Parent 2 Name: _____

Occupation: _____

Occupation: _____

Home Address 1: _____

Home Address 1 (if different): _____

Home Address 2: _____

Home Address 2: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

PARTICIPATING SYNAGOGUE send completed forms to giftofisrael@jewishmiami.org to complete processing.

A project of the GREATER MIAMI JEWISH FEDERATION www.jewishmiami.org