**2024 Family Education Fellowship**

**Biographical** **Information**



The Biographical Information Form, Current Résumé, Vision Statement, Mission Statement, and Statement of Intent must be submitted **via email to** **fellowship@covenantfn.org** **by 2:00pm ET on January 22, 2024.**

*Please contact the Foundation with any questions:*

E-mail: fellowship@covenantfn.org

**To be completed by the applicant.**

Applicant Prefix, First Name, Last Name:

Choose an item.

Professional Title:

Organization:

Primary Address: [ ] work [ ] home [ ]  other:

Street address:

City, State, Zip Code:

Telephone (day): [ ] work [ ] home [ ]  mobile

Telephone (evening): [ ] work [ ] home [ ]  mobile

E-mail address:

Professional Affiliation(s):

Years in Jewish Family Education:

Denomination (as it pertains to your work): [ ]  **Conservative** [ ]  **Orthodox** [ ]  **Pluralistic**

[ ]  **Community** [ ]  **Reconstructionist** [ ]  **Reform** [ ]  **Other:**

Reach of proposed project:

[ ]  **Local** [ ]  **Multi City** [ ]  **Regional** [ ]  **National** [ ]  **Other:**

Please list below all training and post-secondary general education, dates attended, and any degrees awarded:

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution/Program** | **Dates** | **Degree** | **Area(s) of concentration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Please list below your present position in Jewish family education.

Institution name:

Address:

Title:

Duties:

Most significant achievements:

Years in position:

Please describe 1-2 additional positions that you have held related to the field of Jewish family education.

#### Position 1

Institution name:

Address:

Title:

Duties:

Most significant achievements:

Years position was held:

#### Position 2

Institution name:

Address:

Title:

Duties:

Most significant achievements:

Years position was held:

Please list up to **three** honors and awards you have received.

|  |  |  |
| --- | --- | --- |
| **Title of the award** | **Sponsoring Organization** | **Date award was received** |
|  |  |  |
|  |  |  |
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