

TJ's

COLLEGE CONNECTION

Your college student may be miles away - but they never have to feel far from home.

Temple Judea Sisterhood is proud to offer College Connection, a program that keeps your student linked to their faith, their community, and the people who love them - all year long.

What your student will receive:

Holiday care packages for Rosh Hashanah, Hanukkah, and Passover - filled with thoughtful tokens, treats, and personal letters written especially for college students by our own Temple Judea clergy.

Enrollment information:

This program is free for all Temple Judea parents and is generously underwritten by TJ Sisterhood.

Grandparents are warmly welcome to enroll their grandchildren, provided the grandparent is a current Temple Judea member. We ask grandparents to contribute \$60 per student to help offset costs.

How to sign up:

Please return the completed enrollment form to the temple office by mail, email, or fax no later than August 28, 2026.

For questions, contact us at 561-624-4633.



COLLEGE CONNECTION

*** For 2026-2027 School Year *** (All information must be updated annually)

STUDENT INFORMATION

(Please complete ALL requested information for each student in college)

PLEASE PRINT CLEARLY.

Student Name: _____

College Mailing Address: (must be updated annually)

Student Cell Number: _____

Semester Abroad? NO YES: 1st 2nd

Food Allergies? NO YES: _____

Anticipated year of Graduation: _____

Student Name: _____

College Mailing Address: (must be updated annually)

Student Cell Number: _____

Semester Abroad? NO YES: 1st 2nd

Food Allergies? NO YES: _____

Anticipated year of Graduation: _____

PARENT CONTACT INFO

(If parent is temple member)

Parent Name: _____

Parent Email: _____

Parent Phone: _____

For Grandparents:

Enclosed is my check, payable to Temple Judea Sisterhood for \$_____ (\$60 / student).

Note: College Connection is open to students of temple members only.

Mail completed form to: **Temple Judea Sisterhood - College Connection**

Attn: Amy Szoke

4311 Hood Road, Palm Beach Gardens, FL 33410

or email scanned form to amy@gotj.org or Fax (561) 624-4076

PLEASE RETURN FORM BY AUGUST 28, 2026

Student Name: _____

College Mailing Address: (must be updated annually)

Student Cell Number: _____

Semester Abroad? NO YES: 1st 2nd

Food Allergies? NO YES: _____

Anticipated year of Graduation: _____

Student Name: _____

College Mailing Address: (must be updated annually)

Student Cell Number: _____

Semester Abroad? NO YES: 1st 2nd

Food Allergies? NO YES: _____

Anticipated year of Graduation: _____

GRANDPARENT CONTACT INFO

(If grandparent is temple member)

G'Parent Name: _____

G'Parent Email: _____

G'Parent Phone: _____