



1256 East 26th Street Brooklyn, NY 11210

Applications for:

Boro Park

c/o Miriam

Email: yadbatyabp@gmail.com

567-307-0140

Dear Applicant,

Mazel tov upon the upcoming simcha! Thank you for your interest in Yad Batya L'Kallah.

Yad Batya L' Kallah has been providing kallahs with household necessities *b'seser* for over twenty six years *l'illui nishmas* Batya Rachel (Zakheim) Brecher *a"h*. This hachnasas kallah package consists of:

2 pillows

2 quilts

2 sets of patterned linen- size full (48") or twin (39")

2 sets of stainless steel pots

set of china dishes- service for eight

set of Corelle service for eight

2 sets of flatware- service for eight

toaster oven

food processor

towels- (2 large bath, 2 small bath , 12 kitchen in assorted colors for meat and dairy)

+\$ 200 gift certificate to Saposh Lingerie

Yad Batya assesses each request confidentially for eligibility. To facilitate this, please fill out the following form and return it by email to yadbatyabp@gmail.com. **Allow two weeks for the application process.** The more information provided, the faster the approval can come through. Feel free to include any additional information that is vital to this application.

Print clearly in dark ink in order that the information will be legible. If you are scanning, please make sure the image is legible.

Please be assured that all information remains completely confidential.

If you are applying to Chupa, Ten Yad or Tiferes Devora L'Kallah, please let us know as we provide very similar packages and we coordinate with them to make sure there are no duplicate applications.

Yad Batya L' Kallah

Yad Batya L'Kallah APPLICATION

PRINT CLEARLY Date: _____

KALLAH Kallah's name: _____

Check if kallah's sibling has previously received YBLK assistance. Year: _____

Father's name: _____ Mother's name: _____

Address: _____

Kallah's Address (if different than family): _____

High School and/or seminary attended: _____

(Approximate) Year of graduation: _____

Shul Affiliation: _____ Rav: _____

Phone Number of Rav: (_____) _____

Employed family members and their occupation:

Father- _____

Mother- _____

Kallah- _____

Additional info.(number of children in family, financial or medical issues, *chv"sh*, extenuating circumstances) _____

References for family of Kallah:

- A Rav (other than shul) familiar with the financial situation:

_____ # _____ Affiliation: _____

- Other references such as a principal, teacher or *askan/ gabbai tzedaka* familiar with the situation:

_____ # _____ Affiliation: _____

_____ # _____ Affiliation: _____

CHOSSON Chosson's name: _____

Father's name: _____ Mother's name: _____

Address: _____

Shul Affiliation: _____ Rav: _____

Employed family members and their occupation:

Father- _____

Mother- _____

Chosson- _____

Date of **Wedding**: _____

Hall: _____ City, state, country: _____

Where will the chosson and kallah be living? _____

Are you receiving/ applying for assistance from Chupa/Ten Yad/ Tiferes Devora _____

Please specify. We provide very similar packages and we coordinate with them to make sure there are no duplicate applications.

Contact Person: (This is the person responsible for the application, to be contacted for all other questions/ communication)

Name: _____ Relationship to Kallah: _____

Phone Number: (_____) _____ Do not call past _____ am/pm

Email Address: _____

Address: _____ City, State, Zip: _____

-----FOR OFFICE USE ONLY-----

ID#: _____ APP FAX: _____

Name: _____

Date: / /

Address: _____

DELIVERY INFO: date _____

Telephone: _____

Authorized: _____

Linen: _____

PLEASE SCAN AND RETURN THIS APPLICATION VIA EMAIL TO YADBATYABP@GMAIL.COM

