

CRANE Benefit Application

Name *

First

Last

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Email Address ***Is this your personal or work email address?**

- Personal email address
 Work email address

Alternate Email Address**Home/Cell Phone** - -

####

Work Phone - -

####

Name of School ***How many hours do you teach at the school? Enter a number, eg, 20. *****Teacher**

- Teacher Principal
 Vice Principal Other, Please describe:

Department and Grade Level Please select a response for each row, check NA if none of the responses across that row apply. *

| | N/A | Early Childhood (Nursery/Kindergarten) | Preschool | Elementary School | Middle School | High School |
|------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Judaic Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Studies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Checkboxes

- | | | |
|---|--|---|
| <input type="checkbox"/> Chumash/Bible | <input type="checkbox"/> Navi/Prophets | <input type="checkbox"/> Tefilah/Prayer |
| <input type="checkbox"/> Talmud | <input type="checkbox"/> Ivrit/Hebrew Language | <input type="checkbox"/> Jewish History |
| <input type="checkbox"/> Math | <input type="checkbox"/> Science | <input type="checkbox"/> English |
| <input type="checkbox"/> History/Social Studies | <input type="checkbox"/> Music | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Other | | |

If you replied "other", please indicate subject you teach

If you meet the full time teaching requirement because you work at multiple schools, please provide that information below.

Name of 2nd school & number of hours you teach

Name of 3rd school & number of hours you teach

Draw your signature into the box below. *

[Clear](#)

Submit