GOLDRING JEWISH SUMMER CAMP EXPERIENCE INCENTIVE GRANT PROGRAM

2017 INFORMATION & APPLICATION

Send your child to camp this summer through an exciting program underwritten by the Goldring Family Foundation and administered by the Jewish Endowment Foundation of Louisiana. Experts agree that one of the most effective ways to develop children's commitment to living Jewish lives is to expose them to a Jewish sleep-away camp experience. Your children will meet other Jewish boys and girls and savor the precious heritage of Jewish traditions while enjoying wholesome summer fun and sports activities.

The Goldring Family Foundation wants to make this lifetime experience available to every Jewish child. Each of your children is eligible for a one-time-only incentive grant of up to \$1,500* to attend a nonprofit Jewish summer camp. To meet the criteria for JEF funding, children must be:

- · First-time campers at a nonprofit Jewish sleep-away camp;
- · Currently in grades 1 through 9;
- Residents of Louisiana, Mississippi, Alabama, or the Florida Panhandle.

Grants are not based on financial need. Both parents need not be Jewish. Temple or synagogue affiliation is not required.

Interested? Complete the attached form and mail by March 31, 2017 to: Goldring Jewish Summer Camp Experience, c/o Jewish Endowment Foundation of Louisiana, 615 Baronne Street, Suite 150, New Orleans, LA 70113, fax to (504) 524-4259, email to ellen@jefno.org, or click on "Submit Form" at the bottom of this page. Limited funds are available, so please apply early. Award notification will be by May 31, 2017.

*Programs costing less than \$1,500 will be funded up the amount of camp tuition.

MAXIMUM GRANT

AMOUNT NOW

\$1,500!

ELIGIBLE CAMPS

Your child may attend any nonprofit Jewish sleepaway camp. A list of approved camps is available at jefno.org or by contacting Ellen Abrams at 504-524-4559 or ellen@jefno.org.

APPLICATION FO	RM			
Parent(s) or Legal Guardian:		List each child's name separately. You may apply for all eligible children in the family.		
MOTHER		Children in the family.		
FATHER		1. CHILD'S NAME	DOB	 GENDER
Mailing Address (include Zip Cod	de):	OF HED S IVANIE	БОВ	GLNDLK
Please check address we should use for correspondence.		SCHOOL	CURRENT GRADE	
MOTHER		SLEEP-AWAY CAMPS YOUR CHILD HAS ATTENDED		
FATHER		CAMP YOUR CHILD WISHES TO ATTEND*		
Telephone Numbers/Email:	FATHER	2. CHILD'S NAME	DOB	 GENDER
HOME	<u>-</u>	SCHOOL	CURRENT GRADE	
WORK		SLEEP-AWAY CAMPS YOUR CHILD HAS ATTENDED		
CELL				
FAX		CAMP YOUR CHILD WISHES TO ATTEND*		
EMAIL		*If known. Otherwise, you may submit application without s	ation without specifying.	

This form may be reproduced and used for additional names. You will be notified in writing of your child's incentive grant award. Checks will be mailed directly to your child's approved camp. Camp tuition above the amount of \$1,500, travel costs, and other camp-related expenses are the responsibility of the child's family. For more information, call Ellen Abrams at (504) 524-4559 or email ellen@jefno.org.