

GOLDRING JEWISH SUMMER CAMP EXPERIENCE INCENTIVE GRANT PROGRAM

20&\$ 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, Arkansas 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, 2020 to: Goldring Jewish Summer Camp Experience, c/o Jewish Endowment Foundation of Louisiana, 1 Galleria Blvd, Suite 1040, Metairie, LA 70001, fax to (504) 524-4259, or email to debbie@jefno.org. Limited funds are available, so please apply early. Award notification will be by May 31, 2020.

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

ELIGIBLE CAMPS

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

APPLICATION FORM

Parent(s) or Legal Guardian:

MOTHER _____

FATHER _____

Mailing Address (include Zip Code):

Please check address we should use for correspondence.

MOTHER _____

FATHER _____

Telephone Numbers/Email:

MOTHER _____ FATHER _____

HOME _____

WORK _____

CELL _____

FAX _____

EMAIL _____

List each child's name separately. You may apply for all eligible children in the family.

1. _____ | _____ | _____
CHILD'S NAME DOB GENDER

SCHOOL CURRENT GRADE

SLEEP-AWAY CAMPS YOUR CHILD HAS ATTENDED

CAMP YOUR CHILD WISHES TO ATTEND*

2. _____ | _____ | _____
CHILD'S NAME DOB GENDER

SCHOOL CURRENT GRADE

SLEEP-AWAY CAMPS YOUR CHILD HAS ATTENDED

CAMP YOUR CHILD WISHES TO ATTEND*

*If known. Otherwise, you may submit application 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 Debbie Berins at (504) 524-4559 or email debbie@jefno.org.