

GOLDRING JEWISH SUMMER CAMPEXPERIENCE

2022 INFORMATION & APPLICATION

The Goldring Jewish Summer Camp Experience, funded by the Goldring Family Foundation and administered by JEF, offers one-time-only grants of up to \$1,500 to help families send first-time campers to nonprofit Jewish sleepaway camps.

The Goldring Family Foundation wants to have the opportunity to connect with friends and explore their Judaism at Jewish sleepaway camp by helping to make this 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 sleepaway 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.

Complete the attached form and email by March 1, 2022, to miriam@jefno.org or send to:

Goldring Jewish Summer Camp Experience, c/o JEF, One Galleria Blvd, Suite 1040, Metairie, LA 70001

Limited funds are available, so please apply early. Grant award notifications will be sent by mid-April 2022.

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 Miriam Teller at (504) 524-4559 or miriam@jefno.org.

APPLICATION FORM

Parent(s) or Legal Guardian:

PARENT 1 _____

PARENT 2 _____

Mailing Address (include Zip Code):

Please check address we should use for correspondence.

PARENT 1 _____

PARENT 2 _____

Telephone Numbers/Email:

PARENT 1

PARENT 2

HOME _____

WORK _____

CELL _____

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

SLEEPAWAY CAMPS YOUR CHILD HAS ATTENDED

CAMP YOUR CHILD WISHES TO ATTEND*

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

SCHOOL CURRENT GRADE

SLEEPAWAY 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.