Congregation Beth Elohim

Judaic Enrichment Grant Program Application

Please respond to all questions and information requests in this application.  You may add additional sheets as necessary to complete your responses. Once completed please return the finished application to Beth Goldstein by email to [bethg@bethelohim.org](mailto:bethg@bethelohim.org) or hard copy.

NAME:

ADDRESS:

PHONE:

EMAIL:

1. For what purpose or activity are you applying for this grant?
2. Describe how this activity is relevant to Judaic Enrichment.
3. Describe what benefit you personally expect to derive from the activity.
4. How will your participation in this activity benefit the CBE community?
5. How will you report back to the community?
6. What is the anticipated cost of your activity?
7. What amount are your requesting?
8. What other sources of support have you explored and what have been the results?
9. References:  Please include the names and emails of two personal references.

      Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_