



Congregation Shir Hadash  
Shir Hadash Men's Club  
20 Cherry Blossom Lane  
Los Gatos, CA 95032-4637  
(408) 358-1751  
[www.shirhadashmensclub.org](http://www.shirhadashmensclub.org)



## Shir Hadash Men's Club Youth Grant Application Form

Mission Statement: To promote the development of Jewish community spirit in the youth of our congregation. This grant program was established to encourage our youth to participate in Jewish context programs offered outside our temple community. These experiences are intended to enhance the participant's Jewish development and provide the foundation for our youth to live a life of contribution to the community.

Application Number:

Date:

(To be completed by Shir Hadash Men's Club)

Please completely fill out this form. Include a copy of the completed registration/application form for the event that you are planning to attend. If you have any questions, please contact Jack Friedman, the Men's Club Youth Grant Program lead by e-mail: [Jack\\_Friedman@comcast.net](mailto:Jack_Friedman@comcast.net) or telephone: 408-655-1623 or contact Rabbi Aron at Shir Hadash.

Youth Applicant Name:

Your School Grade Level:

Your Age:

Address:

Phone:

Email:

Parent/Guardian Name(s):

Phone:

Email:

I am applying for a grant for the event as described below and agree to and will follow the Youth Grants program process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Event Information**

Name of Event:

Sponsoring Organization:

Location of Event:

Start Date:

End Date:

Event Registration Fee: \$

Estimated Travel, Lodging, Food Costs: \$

Is your participation in this event dependent upon the amount of funding you receive from the Men's Club Youth Grant Program? (Yes or No) If so, what is that amount: \$

Please describe the event you would like to attend and provide information on the event from the sponsoring organization:

### **Application Personal Information**

Applicants should respond to the following questions on how this event meets personal goals relating to the Mission Statement above. Please respond to each question with a two or three sentence response.

1. Why do you want to attend this event?
2. Briefly describe how you anticipate that this event will enhance your Jewish community development.
3. Briefly describe how you will be able to apply what you have experienced and learned from this event to your youth activities at Shir Hadash.

Please submit your fully completed application as follows:

Electronically to: Jack\_Friedman@comcast.net

Postal Mail to: Shir Hadash Men's Club, 20 Cherry Blossom Lane, Los Gatos, CA 95032-4637.

Please mark: Attention: Youth Grant's Application

**Clergy Coordination (to be accomplished by the Men's Club)**

Clergy Comments:

**Men's Club Youth Grant Committee Decision**

Approved    Yes                      No

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

Date: \_\_\_\_\_

Revised: February 09, 2017