

The Bruce Retchin-Neil Goren Memorial Fund
Sponsored by
The Southern New Hampshire Jewish Men's Club

Grant Application* for Jewish Summer Camp / Israel Trip

Send completed application to:
SNHJMC, c/o Temple Beth Abraham, 4 Raymond Street, Nashua NH 03064

Application Deadline: April 15

Parent(s)/Guardian(s) Information:

Name(s): _____

Phone: () _____

Email: _____@_____

Address: _____

City: _____ State: _____ Zip: _____

Synagogue Affiliation, if any: _____

Student Information:

Full Name: _____

Age: _____ Grade: _____

Phone: () _____ Email: _____

School Currently Attending: _____

Camp / Israel Trip Information:

Name of Camp / Israel Program: _____

Dates of Camp / Israel Program: ____/____/202__ to ____/____/202__

Name of Specific Trip: _____

Name of Trip Provider: _____

Address of Camp / Trip Provider: _____

City _____ State _____ Zip: _____

Contact Person: _____

Phone Number: () _____

Email Address: _____@_____

Website url: _____

We understand that an awarded grant will be sent directly to the camp / trip provider once reviewed and approved by The Southern New Hampshire Jewish Men’s Club.

Camper / Teen Expectations

By signing this application

- The camper/teen agrees to submit an article about their experience to The New Hampshire Jewish Reporter upon their return.
- The camper/teen agrees to share their experience by speaking at a SNHJMC Breakfast.

Signature of Camper / Teen _____ Date ____/____/____

Signature of Parent _____ Date ____/____/____

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