

**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: \_\_\_\_\_

Once reviewed and approved by The Southern New Hampshire Jewish Men's Club, the awarded grant will be sent directly to the parent(s) of the applicant.

### 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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