



JFGC mission statement: To raise and distribute funds to support and enrich the lives of Jews locally, nationally, in Israel and worldwide. Through education, planning and community building, the Federation's mission ensures that Jewish values, goals, traditions, and connections are preserved for current and future generations.

Jewish Experience Fund Subsidy Request Form

Objectives:

- The Jewish Experience Fund enables Jewish children to enhance and enrich their Jewish identity through informal peer-to-peer experiences.
- To create positive and lasting Jewish influences in the lives of Charlotte's Jewish youth.

SUBSIDY CRITERIA

Families applying for a Jewish Experience Fund subsidy must meet at least one (1) of the following criteria to be eligible for a subsidy. Verifiable financial documentation **must** be included with application.

- Household gross income not to exceed \$75,000
- Change in household circumstances within the last 6-months necessitating financial assistance (ie: medical hardship, job loss, change in family status, etc.)
- Multiple children attending camps and/or Jewish programs
- Extenuating chronic family circumstances (i.e.: special needs children, disability, etc.)

GUIDELINES FOR COMPLETING APPLICATION

Everyone requesting a Jewish Experience Fund subsidy must complete the attached application and comply with all policies and requirements.

1. In order to receive a subsidy from the Jewish Experience Fund, the attached form must be completed in its entirety and the following documentation must be included:
 - a) Completed Subsidy Request Form,
 - b) Copy of your most current tax return (cannot be older than one year). If employment circumstances have changed from that reported on tax returns please provide a detailed explanation.
 - c) Copies of information regarding any hardships (i.e. outstanding medical bills, extensive credit card bills, bankruptcy papers, etc).
2. Please print clearly in ink, or type.
3. Verifiable financial documentation is *required* with submission of completed application.
4. Documentation must be provided that funds from alternate sources have been applied for or requested (e.g., Temple, camp, etc.).
5. Completed applications should be returned to Jewish Family Services. A telephone interview may be requested to verify or secure additional information.
6. The Jewish Federation of Greater Charlotte prefers to mail payment directly to the organization. If reimbursement of prepaid expenses is required, receipt(s) must be provided with the application.



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Jewish Experience Fund Subsidy Request Form

Date: _____ Temple Affiliation (if applicable): _____

Participant's Name: _____ Date of Birth _____

Parent(s) Name: _____

Address: _____

(Street)

Email: _____

(City, State, Zip Code)

Phone: _____ (home) _____ (work) _____ (cell)

Name of Program: _____

Brief explanation of program (please attach flyer or brochure):

Cost of Program (please attach invoice, flyer or brochure showing cost): _____

Financial Assistance has already been requested/received from the following sources (include amount and attach completed application):

Table with 4 columns: SOURCE, AMOUNT REQUESTED, AMOUNT RECEIVED, APP. ATTACH. Includes checkboxes for each row.

Please advise criteria for subsidy, as outlined on cover page, and describe family circumstances. (Please attach verifiable supporting documentation)

The Jewish Federation of Greater Charlotte prefers to mail payment directly to the organization. If reimbursement of prepaid expenses is required, receipt(s) must be provided with the application.

Make check payable to:

Name of person or organization: _____

Attention: _____

Address: _____

(Street)

(City, State, Zip Code)

Parent(s) Signature: _____ Date: _____

Office use only:

Approved by: _____ Date submitted to JFGC: _____
Check issued by: _____ Date check mailed: _____ Amount: \$ _____