

JEWISH FEDERATION OF LONG BEACH
& WEST ORANGE COUNTY
JEWISH COMMUNITY FOUNDATION
BOB BALDWIN MEMORIAL FUND
GRANT APPLICATION

Date of application _____

Name of applicant: _____

Address: _____

E-mail: _____ Daytime Phone: _____

Dates of Israel program: June 27 – July 25, 2010

Name of sponsoring organization: Bureau of Jewish Education Orange County

Address: 1 Federation Way, #205, Irvine, CA 92603

E-mail address: Lucille@bjeoc.org

Phone number: 949-435-3450 Fax number: 949-435-3456

Contact person (with their title): Lucille Cohen Carter, Registrar

Purpose of program & what your goals are: _____

Amount requested: _____ Total cost of program: \$4,955.00

If selected as a recipient of a grant from the Federation of Long Beach and West Orange County, recipient agrees to write an article about their experience and to speak about their experience at a community meeting when they return.

Applicant Signature

Please mail completed application and materials to:

Lucille Carter
Bureau of Jewish Education
1 Federation Way, #205
Irvine, CA 92603