

# GOLDRING JEWISH SUMMER CAMP EXPERIENCE

## 2025 INFORMATION & APPLICATION

The Goldring Family Foundation wants to help make Jewish sleepaway camp accessible to all Jewish children.

**Through the Goldring Jewish Summer Camp Experience, every child is eligible for a grant of up to \$1,500 to attend a nonprofit Jewish summer camp for their first summer!**

To meet the criteria for JEF funding, children must be:

- First-time campers at a nonprofit Jewish sleepaway camp
- Currently in grades 1 through 9
- Residents of Louisiana, Mississippi, Alabama, Arkansas or the Florida Panhandle

Programs costing less than \$1,500 will be funded up the amount of camp tuition. Grants are *not* based on financial need. Both parents need not be Jewish. Temple or synagogue affiliation is not required.

**Please complete the attached form and email to [sierra@jefno.org](mailto:sierra@jefno.org) by March 1, 2025.** You may also send a paper application to:

Jewish Endowment Foundation, One Galleria Blvd, Suite 1040, Metairie, LA 70001

This is only the initial application form. Once it is submitted and processed, you will receive two additional forms (a Hold Harmless and a Program Policies) to sign and submit in order for your application to be complete. You will also need to submit your camp invoice at that time. Incomplete applications will not be considered. You will receive your grant award notification by mid-April, 2025.

### APPLICATION FORM

Parent(s) or Legal Guardian:

PARENT 1 \_\_\_\_\_

PARENT 2 \_\_\_\_\_

Mailing Address (include Zip Code):

Please check address we should use for correspondence.

PARENT 1 \_\_\_\_\_

PARENT 2 \_\_\_\_\_

Telephone Numbers/Email:

PARENT 1

PARENT 2

HOME \_\_\_\_\_

WORK \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

Please list each child's name separately:

1. \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
CHILD'S NAME DOB GENDER

CAMP YOUR CHILD WISHES TO ATTEND\* \_\_\_\_\_

SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

SLEEPAWAY CAMPS YOUR CHILD HAS ATTENDED \_\_\_\_\_

2. \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
CHILD'S NAME DOB GENDER

CAMP YOUR CHILD WISHES TO ATTEND\* \_\_\_\_\_

SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

SLEEPAWAY CAMPS YOUR CHILD HAS ATTENDED \_\_\_\_\_

\*If known. Otherwise, you may submit application without specifying.

This form may be reproduced and used for additional names. You will be notified in writing of your child's incentive grant award. Checks will be mailed directly to your child's approved camp. Camp tuition above the amount of \$1,500, travel costs, and other camp-related expenses are the responsibility of the child's family.