

Indianapolis Hebrew Congregation
URJ BIENNIAL 2019 GRANT APPLICATION
Please fill out completely to be considered for a grant

Name:	
Address:	
Mobile Phone No.:	
Email:	

Temple Activities:

Please indicate areas of IHC involvement, including year(s) and leadership positions held, if any (e.g. committee membership, special projects worked on, etc.). Include areas in which you would like to get involved in the future.

_____ I am interested in bus transportation to/from Biennial and IHC.
 Yes No

_____ I plan to or have registered for the full Biennial conference (Wed. – Sun.) prior to
 Yes No Oct. 1st.

_____ I plan to or have registered for the Wed. – Fri. or Fri. – Sun. Biennial option prior
 Yes No to Oct. 1st.

_____ I understand that if I receive a grant from IHC, I am expected to attend a
 Yes No significant number of sessions during Biennial.

 Signature

 Date