

**ROSS HEALTH & WELLNESS FUND
of the FJMC Foundation for Jewish Life
APPLICATION FOR GRANT SUPPORT**

Date: _____

APPLICANT INFORMATION

Applicant Name: _____

Club / Region / Program: _____

FJMC Membership Status: _____

Contact Person: _____

Phone: _____ Email: _____

Amount Requested: \$ _____ (typical grants will be between \$500 - \$1000)

PROGRAM DETAILS

Program Title: _____

Program Date(s): _____

Program Location: _____

Brief Program Description:

How does this program support men's health and wellness?

Who will benefit from this program?

Estimated number of participants: _____

PROGRAM TYPE

Check one:

- Club-level health and wellness program
- Regional retreat or Shabbaton program
- International program or speaker
- Other men's health and wellness program, please explain:

REQUEST STATEMENT

We respectfully request support from the Ross Health & Wellness Fund for the program described above.

We confirm that this request is submitted in writing and that the applicant is a member in good standing of FJMC International. We will acknowledge support from the Ross Health & Wellness Fund in promoting and follow-up regarding the event. Further, we agree to provide a brief summary of the program and its impact within 60 days after completion to the Health and Wellness Committee.

Signature: _____

Printed Name: _____

Title / Role: _____

****Please submit completed application via email to the FJMC Health and Wellness Committee at health@fjmc.org, along with any additional supporting documentation.**