

**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:

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

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Who will benefit from this program?

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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:

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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](mailto:health@fjmc.org), along with any additional supporting documentation.**