



The Jewish Federation in the Heart of New Jersey

The Harriet Tabak Woman of Valor Fund Application

Complete application and mail by April 15, 2016 to: The Jewish Federation in the Heart of New Jersey, 230 Old Bridge Turnpike South River, NJ 08882 or email: merylh@jewishheartnj.org

1. Applicant's Name _____

2. Address _____
 Street City State Zip
3. Home Phone: _____ E-Mail: _____
4. Congregation/ Community Affiliation(s) (if applicable) _____

5. Previous leadership experience _____

6. Leadership Program and Dates _____

- Cost of program \$ _____

7. Briefly describe your program goals and list your personal reasons for wanting to participate in it (please answer on a separate sheet and attach to application, 500 words or less).

In accepting support from The Harriet Tabak Woman of Valor Fund to subsidize my leadership development experience, I agree to share what I have learned with the Jewish community through a story in the *New Jersey Jewish News*, and/or presentation at a future Federation women's event.

Applicant's Signature _____

Date _____