



Jewish Federation of Northeastern New York

8/19/2024

Grant Application for Individual Conferences and Training Sessions for Jewish Educators

JFNENY Educator Reimbursement Policy:

- The conference must have substantial Judaic content to qualify for the stipend
- The Jewish Federation of Northeastern NY will subsidize all educators in Jewish educational settings up to 50% of the conference cost (excluding transportation). The conference cost is the cost of registration and accommodations, as well as meals if already included in the cost.
- The following is the reimbursement scale:
 - Head of School- not to exceed \$750 annually
 - Direct contact hours 10+ hours per week- not to exceed \$400 annually
 - Direct contact hours 5-9 hours per week- not to exceed \$200 annually
 - Direct contact hours under 5 hours per week- not to exceed \$100 annually
- This is an individual application, not per organization.
- JFNENY has the right to request that recipients lead workshops/ discussions following the conference
- Must be a member of Federation (minimum of \$25 annual donation to Jewish Federation of NENY) **per educator** requesting stipend.

Directors who want to host or send a substantial number of staff members to a single conference are welcome to discuss the reimbursement with JFNENY.

Please complete the application on the reverse side and return to:

KB Goodkin
kbgoodkin@jewishfendy.org
The Golub Center
184 Washington Ave. Ext.
Albany, NY 12203



Jewish Federation of Northeastern New York

Name _____

Address _____

Phone _____

Educational Institution(s) _____

Job/ Role at above institution _____ Subject(s) taught _____

Grade Level(s) _____ Number of teaching hours per week _____

What conference/ training session are you applying for a grant?

Dates _____ Location _____

Total cost of conference, not including airfare _____

Are you receiving funding from your institution for this conference? _____

Amount: _____

Are you receiving funding directly from the sponsoring organization? _____

Amount: _____

Reimburse school or individual? _____

Signature of individual applicant _____

Signature of School/ program director: _____

Please note: Please provide a copy of the registration form and proof of payment with this application. No grant will be issued without this proof.

Reimbursement granted after successful completion of conference