



Jewish Federation
OF GREATER SANTA BARBARA

2019-2020 INCENTIVE GRANT APPLICATION

(please type in a 12 pt. font and do not add pages – contact YAD@sbjf.org with questions)

Your Full Name: _____

Local Mailing Address: _____

Landline: _____ Cell: _____ E-mail: _____

Birthdate ___ / ___ / ___ Gender _____ Program Cost \$ _____ Amount Requested \$ _____

Please explain your reason(s) for wanting to attend this Jewish leadership program (provide program contact info too):

What do anticipate learning by participating; and, how will you share your experiences with the Santa Barbara community upon your return?

Signature

Today's Date