

Temple Beth Sholom

1809 Whitney Avenue Hamden, CT 06517

<http://www.tbshamden.com>

Application for Grant from TBS Designated Funds

Please submit completed application to the Temple office at least 60 days prior to the date funds are needed.

Member Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Requestor Information	
Name	
Purpose	
Amount Requested	
Fund	
Needed By	

Requestor's Signature

Date

Date Received

Approved: [] Yes [] No

Committee Chair Signature

Date Approved

\$ _____
Amount Approved

Fund