The Passover League of Golden Slipper
2024 Grant Application
50 Monument Rd., Suite 103
Bala Cynwyd, PA 19004
610-660-0530 … www.passoverleague.org
PLEASE PRINT NEATLY ALL REQUESTED INFORMATION

Please fill out this application along with any additional information regarding your organization, program, or event. Please include any additional information on the attached page. This application is due to Regina Martorano no later than **March 13, 2024,** so the board will have sufficient time to review and evaluate your grant request**. Email to: rmartorano@goldenslipper.org**

Organization/Group Name: _____

Contact Name: _____ Contact Title: _____

Organization Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Please describe the purpose of your organization and its primary beneficiaries:

_____

_____

Given your live/virtual Seder/Passover food budget, please explain your need for the Passover League grant & the amount requested:

_____

_____

_____

Date/Time of live/virtual Seder(s): _____

Number of live/virtual attendees: _____

Number of attendees who will require financial. assistance to purchase Passover food for the Seder: _____

Cost of packages or Passover food provided for Seder: _____

Items	**Cost**
Total	

Amount charged to attendees: _____

Other income sources or grants for Seder:

1. _____
2. _____
3. _____