The Passover League of Philadelphia

215 N. Presidential Blvd., 1st Floor, Bala Cynwyd, PA 19004
(phone) 610-660-0530 ● (fax) 610-660-0515
www.passoverleague.org

Please fill out this application along with any additional information regarding your organization, program or event and include at the end of the application. *This application is due to Kristin Grapes no later than February 29th, 2016* so the board will have sufficient time to review and evaluate your grant request.

Organization/Group Name: _____

Contact Name: _____ Contact Title: _____

Organization Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

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

_____

_____

Given your Seder budget, please explain your need for the Passover League grant:

_____

_____

_____

Location where the Seder(s) will be held: _____

Date/Time of Seder(s): _____

Number of people expected to attend: _____

How many attendees paying reduced cost: _____

No cost: _____

Cost per person for meal (please specify):

Items	**Cost**
Total	

Amount charged to attendees: _____

Other income sources or grants for Seder:

1. _____
2. _____
3. _____