



Today's Date: _____

Yad Ezra's Harold and Minnie Wade Simcha Fund Application
All information is Kept Strictly Confidential

Name: _____

Address: _____

City/St/zip: _____

Phone: _____ Email: _____

Simcha information:

Occasion: _____ Date of simcha*: _____

Name of person(s) being celebrated: _____

Relationship of client applying for fund to person(s) being
celebrated: _____

Simcha venue: ___ synagogue/temple ___ home ___ other

Name and address of venue: _____

Applicant will be required to provide either paid receipts or an invoice for the expenses in support of the total reimbursement.

The applicant's signature below confirms that s/he is an active Yad Ezra client household, will provide the requested receipts and agrees to the terms of the Harold and Minnie Wade Simcha Fund.

Applicant's signature **date** **YE representative signature** **date**

Terms of the Trust - Please read:

*Yad Ezra will provide a Yad Ezra client household with a grant up to \$500 (amount to be determined) per household per year to be used for a Kiddush when celebrating a simcha (baby naming/bris, bar/bat mitzvah, wedding) at a synagogue, temple or home. Client families will have to complete a Simcha Fund application form, provide receipts for proof of reimbursement, and **be on Yad Ezra's Active Client List database for at least 3 months before the date of this grant application.** This one year pilot project is being funded through the Harold and Minnie Wade Trust. The program is dependent on the availability of funds and can be discontinued or suspended at any time at the discretion of Yad Ezra.*

**We will accept applications during the 2018 calendar year for simchas being celebrated within the calendar year. Interviews with families will be appointment based.*

#Upon completion of form, contact Lea at Yad Ezra to arrange for an appointment, 248-548-3663, or lea@yadezra.org