



**ALL TOGETHER**  
For a better Hebron



**Hartford Foundation**  
FOR PUBLIC GIVING

## **GREAT NEWS!**

The residents of Hebron have received a grant of \$100,000 from the Hartford Foundation for Public Giving to be spent as we see fit. That's right, \$100,000!

*What's the catch?*

No catch, but Hebron needs to select an Advisory Committee, which is inclusive and reflective of all town residents, to decide how to use the money.

To be eligible:

- You are a Hebron resident
- You aren't an elected official
- You are at least 14 years old

So, step up. Fill out the application and tell us, the Selection Committee, why YOU should be on the Advisory Committee.

Send your application by **Friday, April 3** to [HebronCommunityFund@gmail.com](mailto:HebronCommunityFund@gmail.com) or by mail to Donna Jolly, 585 Old Slocum Road, Hebron, CT 06248. Email us with any questions.

You can also find the application online at [hfpg.org/hebroncf](http://hfpg.org/hebroncf).

Qualified applicants will be contacted for a phone or in-person interview.

With gratitude,

**Hebron's Selection Committee**

*Donna Jolly (chair), Denise Esslinger, Judith Podell,  
Joel Rosenberg, Michele Sinkez*



**ALL TOGETHER**  
For a better Hebron



**Hartford Foundation**  
FOR PUBLIC GIVING

## HEBRON COMMUNITY FUND ADVISORY COMMITTEE APPLICATION

Full Name:	
Phone Number:	Email Address:
Best times to reach you:	Address:
Organizational affiliation (if any):	
Why are you interested in participating in the Hebron Community Fund Advisory Committee?	
<p>Tell us something about yourself.</p> <p><i>You may want to include things like your work experience, family, educational background, race, ethnicity, gender identity, sexual orientation, religion, age, etc.</i></p>	
<p><b>Applicants under 18 need permission from a parent or guardian to apply.</b></p> <p>I give permission for my child _____ to apply to be a member of the Hebron Community Fund Advisory Committee, and if accepted, to participate in all meetings/activities of the same. I understand the Community Fund may wish to make known the success of this effort, and I authorize my child to appear in photographs for this purpose.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	

*Application does not ensure acceptance on Advisory Committee.*

Thank you for applying!