

FAMILY NAME: \_\_\_\_\_

**OFFICE USE ONLY:** DATE RECEIVED: \_\_\_\_\_ CAMP/PROGRAM: \_\_\_\_\_ AMOUNT AWARDED: \_\_\_\_\_

# MINNEAPOLIS JEWISH COMMUNITY STANDARDIZED CAMP SCHOLARSHIP APPLICATION

*Information submitted may be shared confidentially with other organizations that offer Jewish camp scholarships for the purposes of scholarship distribution only.*

## **PART 1 • FAMILY INFORMATION**

### **Parent/Guardian 1— MAIN CONTACT FOR SCHOLARSHIP PURPOSES:**

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Best Way to Contact this Person \_\_\_\_\_ (phone, e-mail, etc.)

Number of People in Household \_\_\_\_\_ Number of Dependent Children \_\_\_\_\_

Number of Children in Household Attending Camp \_\_\_\_\_

Synagogue Affiliation (if applicable) \_\_\_\_\_

### **Parent/Guardian 2:**

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_ Best Way to Contact this Person \_\_\_\_\_ (phone, e-mail, etc.)

Number of People in Household \_\_\_\_\_ Number of Dependent Children \_\_\_\_\_

Number of Children in Household Attending Camp \_\_\_\_\_

Synagogue Affiliation (if applicable) \_\_\_\_\_

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## PART 2 • CHILD INFORMATION

**Please fill out a "Child Information" form for each child for whom you are applying.**

- I am applying for scholarship funds for more than one camp program for a single child.  
(Please fill out a separate form for each program.)

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ School presently attending \_\_\_\_\_ Entering grade as of Fall 2009 \_\_\_\_\_

- This Child lives in a Russian Speaking Household (please check if applicable)  
 This Child has Diagnosed Special Needs (please check if applicable)

Camp Name \_\_\_\_\_ Camp Phone \_\_\_\_\_

Camp Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Camp Website \_\_\_\_\_

Camp Affiliation (if applicable) \_\_\_\_\_ (Reform, Conservative, Orthodox, Reconstructionist, Unaffiliated etc.)

Camp Program Name \_\_\_\_\_ Camp Session/Dates Attending \_\_\_\_\_

- This is a Day Camp Program     This is an Overnight Camp Program

Is this child already registered for camp?  YES     NO

**Note: Some organizations require camp registration in order to be considered for scholarship funds. Contact your camp to find out about registration fees and policies – some camps may have a tuition reimbursement policy.**

Has child attended Day Camp before?  YES     NO    If yes, for how many years? \_\_\_\_\_

Has child attended Overnight Camp before?  YES     NO    If yes, for how many years? \_\_\_\_\_

Has child participated in other "Jewish experiences" in the past? Please check all that apply:

- Religious School (including afternoon schools such as Talmud Torah of Minneapolis)  
 Hebrew School  
 Jewish Day School  
 Youth Group (NFTY, BBYO, USY etc.)  
 Other Jewish Involvement \_\_\_\_\_

Tuition for Camp Program (excluding registration, transportation, camp fees, etc) Amount: \$ \_\_\_\_\_

Transportation Fees \$ \_\_\_\_\_ Other Camp Expenses \$ \_\_\_\_\_ (example – trip fees, canteen etc.)

Have you applied for scholarship help from other sources?  YES     NO

**(You are encouraged and expected to apply for community resources from as many sources as you are eligible.)**

Your Synagogue: Name: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Talmud Torah of Minneapolis (if applicable): \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Camp: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Jewish Family and Children's Service: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Minneapolis Jewish Federation: \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Other (National Council of Jewish Women, Hennepin Co., etc.): \_\_\_\_\_ Requested \$ \_\_\_\_\_ Received \$ \_\_\_\_\_

Parents will contribute: \$ \_\_\_\_\_ Camper will contribute: \$ \_\_\_\_\_ Other family members will contribute: \$ \_\_\_\_\_

**Child requires \$ \_\_\_\_\_ in scholarship funds (from ALL sources) to attend this summer camp program.**

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**IMPORTANT: DOES THE SYNAGOGUE, AGENCY, OR CAMP TO WHICH YOU ARE APPLYING REQUIRE NARRATIVE (Part 3) OR FINANCIAL (Part 4) INFORMATION?**

**IF THIS INFORMATION IS NOT REQUIRED – STOP HERE**

**PART 3 • NARRATIVE INFORMATION**

*Special Circumstances – Please check ALL that apply:*

- A Child with Diagnosed Special Needs in the Home (this child or another in the home)
- Single Parent Household
- Uninsured Medical Expenses
- Recent Job Loss

Please describe any other extraordinary circumstances relevant to your family’s capacity to pay for camp:

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**PART 4 • FINANCIAL INFORMATION**

**Parent/Guardian 1:**

Parent/Guardian Name \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you receive: Child support \$ \_\_\_\_\_ Alimony/Spousal Support \$ \_\_\_\_\_ (amount per year)

**Parent/Guardian 2:**

Parent/Guardian Name \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross Annual Income: \$ \_\_\_\_\_ Marital Status: \_\_\_\_\_

Do you receive: Child support \$ \_\_\_\_\_ Alimony/Spousal Support \$ \_\_\_\_\_ (amount per year)

**NOTE:** Some organizations that offer Jewish camp scholarships require you to include a copy of your **Federal Income Tax return**. Please check with the specific organization to which you are applying for particular requirements.