

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: _____ (cell, 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: _____ (cell, 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 2011: _____

_____ 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 Session: _____ Camp Session Dates: _____

Camp Address: _____ City: _____ State: _____ Zip: _____

Camp Website: _____

Camp Affiliation (if applicable): _____ (Conservative, Orthodox, Reconstructionist, Reform, Unaffiliated, etc.)

Is this a Day Camp? YES NO Is this an Overnight Camp? YES NO

Is this child 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 fees, etc.)

Have you applied for scholarship assistance 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 & Children’s Services: _____ 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 INFORMATION (Part 4)?

IF THIS INFORMATION IS NOT REQUIRED – STOP HERE

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)