

FAMILY NAME: _____

OFFICE USE ONLY: DATE RECEIVED: _____ CAMP/PROGRAM: _____ AMOUNT AWARDED: _____

MINNEAPOLIS JEWISH COMMUNITY 2015 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 I • 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.

(If so, **you must fill out a separate form for each program.**)

Name of Camper: _____ Date of Birth: _____

Age: _____ School presently attending: _____ Entering grade as of fall **2015**: _____

Session Name: _____ Camp Session Dates: _____

Camp Name: _____ Camp Phone #: _____

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

Camp Website: _____

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

Is this camp (CHECK WHICH ONE)	DAY	OVERNIGHT
Is this child registered for camp?	YES	NO

NOTE: Your child MUST be registered for camp BEFORE your scholarship application will be processed for consideration.

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 _____

SPECIAL NOTE: (please check if applicable)

This Child has diagnosed special needs

This Child lives in a Russian Speaking Household (please check if applicable)

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**IMPORTANT:
DOES THE SYNAGOGUE, AGENCY OR CAMP TO WHICH YOU ARE APPLYING
REQUIRE 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)

PLEASE NOTE: The Minneapolis Jewish Federation requires a copy of the first two pages of your most current year Federal Tax Returns. Applications will not be processed for consideration without this information.