

2016 STANDARDIZED CAMP SCHOLARSHIP APPLICATION (first camper) click here

Minneapolis Jewish Federation Scholarship

2016 Camp Scholarship Information

Instructions on Using This Standardized Camp Application for Institutions OTHER Than Minneapolis Jewish Federation

Other scholarship-granting organizations also accept this application. Please check with them! If they do:

- You may print a BLANK copy of the application by clicking on the “Question List” button in the upper right corner of the application page. Once you click on the button the application form will download as a pdf at which point you can print and/or save it to your computer.*
- You may make a COPY OF YOUR COMPLETED application. Once you have at least saved your application as draft you will see an additional button in the upper right corner of the application page labeled “Application Packet”. The application packet will convert the entire application to a pdf - with the questions and responses. Once it is downloaded as a pdf you can print and/or save the pdf to your computer.*

Please read this BEFORE Completing the Application!

- The application must be submitted **NO LATER THAN MIDNIGHT**, on **MONDAY, MARCH 28, 2016**. (Applications received after this will **not** be considered.)**
- Your child MUST be registered for camp BEFORE the scholarship application will be considered.**
- Your child must be Age 5 (entering kindergarten Fall 2016) or older to qualify.**
- Requests to the Minneapolis Jewish Federation will be considered ONLY if the first two pages of your most recent Federal Income Tax Return are included with the application.**

Note: This form auto-saves as you enter information but you can also save a draft by clicking on SAVE found at the end of the application.

Questions? Contact the Community Impact Department at campscholarships@mplsfed.org or 952-417-2314.

Part 1: Family Information

Family Last Name*

Please re-enter the last name of the main contact

Character Limit: 100

Additional main contact information:

Preferred Contact Method*

Choices

Email

Primary Phone Number

Number of People in Household*

Select from drop-down list.

Choices

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

Number of Dependent Children*

Select from drop-down list.

Choices

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

- 12
- 13
- 14

Number of Children in Household Attending Camp*

Select from drop-down list.

Note - You will need to complete a "Camp Scholarship Application for Additional Child/Camp" for each additional child or additional camp for whom you are requesting a scholarship. Instructions on how to do so can be found at the end of this application.

Choices

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

Synagogue Affiliation

(Select from drop-down list if applicable; if not, skip to Second Parent/Guardian)

Choices

- Adath Jeshurun Congregation
- Beth El Synagogue
- Bet Shalom Congregation
- Congregation Bais Yisroel
- Congregation Darchei Noam
- Kenesseth Israel Congregation
- Mayim Rabim Congregation
- Minneapolis Chabad Center
- Sharei Chesed Congregation
- Shir Tikvah Congregation
- Temple Israel
- Other (please specify below)
- None

Other Synagogue Not Listed

Please specify if selected above; otherwise leave blank.

Character Limit: 50

Second Parent/Guardian

First and last name of parent/guardian #2. If not applicable, skip to Part 2: Child Information.

Character Limit: 100

Primary Phone Number of Second Parent/Guardian

Best phone number to be reached at.

XXX-XXX-XXXX

Character Limit: 15

Alternate Phone Number of Second Parent/Guardian

Alternate phone number if unable to be reached at primary number.

XXX-XXX-XXXX

Character Limit: 100

Email of Second Parent/Guardian

Character Limit: 100

Address of Second Parent/Guardian

Address, City, State, ZIP code. If same as first parent/guardian write "Same As First".

Character Limit: 500

Preferred Contact Method of Second Parent/Guardian

Choices

Email

Primary Phone Number

Number of Dependent Children of Second Parent/Guardian.

Select from drop-down list.

Choices

Shared household, same as above.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Number of Children Attending Camp in Household of Second Parent/Guardian

Select from drop-down list.

Choices

Shared household, same as above.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Synagogue Affiliation of Second Parent/Guardian

(Select from drop-down list if applicable; if not, continue to Part 2: Child Information)

Choices

- Shared household, same as above
- Adath Jeshurun Congregation
- Beth El Synagogue
- Bet Shalom Congregation
- Congregation Bais Yisroel
- Congregation Darchei Noam
- Keneseth Israel Congregation
- Mayim Rabim Congregation
- Minneapolis Chabad Center
- Sharei Chesed Congregation
- Shir Tikvah Congregation
- Temple Israel
- Other (please specify below)
- None

Part 2a: Child Information

If you are applying for more than one child OR for more than one camp please complete this application for the first child. At the end of this application there are instructions on how to apply for additional children or camps.

Is this Child Registered for Camp?*

NOTE: Your child **MUST** be registered for camp **BEFORE** your scholarship application will be processed for consideration. Contact your camp to find out about registration fees and policies – some camps may have a tuition reimbursement policy.

Choices

Yes

No - Do NOT continue! Click SAVE (see end of form) and return once your child is registered.

Child's Name*

First and Last Name

*Character Limit: 100***Camper's Date of Birth***

Please enter in date format MM/DD/YYYY (or choose a date from the calendar icon.)

*Remember, only children age 5 and older qualify.**Character Limit: 10***Camper's Gender Identity*****Choices**

Male

Female

Other (e.g. transgender, gender nonconforming, etc)

Other - Please specify*Character Limit: 15***Age of Camper***

Note: Campers must be Age 5 (entering kindergarten Fall 2016) or older to qualify.

*Character Limit: 2***Entering Grade***Entering Grade as of Fall **2016**. Select from drop-down list.**Choices**

Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th
12th

School*

Name of school child will be attending in Fall 2016

Character Limit: 150

Camp Selection*

Other Camp Not Listed: If your child's camp is not included in the list above, please answer the next five questions. If the camp was in the list you may jump ahead to "Type of Camp".

Other Camp (not listed in previous list)

Please list the Camp Name AND Camp Session Dates

Character Limit: 100

Other - Camp Website

Character Limit: 200

Other - Camp Phone Number

(xxx)xxx-xxxx

Character Limit: 15

Other - Camp Address

Address, City, State, ZIP code

Character Limit: 200

Other - Camp Affiliation

Select from drop-down list.

Choices

Conservative
Orthodox
Reconstructionist
Reform
Unaffiliated
Unsure

Type of Camp*

Choices

Day Camp
Overnight Camp

Has the Child Attended DAY Camp Before?*

Choices

- Yes
- No

If Yes...

For how many years?

Character Limit: 10

Has the Child Attended OVERNIGHT Camp Before?*

Choices

- Yes
- No

If yes...

For how many years?

Character Limit: 10

Other Jewish Experiences*

Has your child participated in other "Jewish Experiences" in the past? Check all that apply.

Choices

- Religious School (including afternoon schools such as Talmud Torah of Minneapolis)
- Hebrew School
- Youth Group (NFTY/BBYO/USY/Etc)
- Jewish Day School
- Other Jewish Involvement
- No, my child has not participated in other Jewish Experiences

If Other...

Describe other Jewish Experiences

Character Limit: 250

Special Note

Select all that apply.

Choices

- This Child has Diagnosed Special Needs
- This Child lives in a Russian Speaking Household
- Neither of these apply.

Part 2b: Financial Worksheet

Other Scholarship Assistance*

Have you applied for scholarship assistance from other sources?

(You are encouraged and expected to apply for assistance from as many sources as you are eligible)

Choices

Yes

No

Camp Tuition Fees*

(Does NOT include Registration Fees/Transportation Fees/Other Camp Expenses)

Character Limit: 20

I HAVE REQUESTED ADDITIONAL SCHOLARSHIP ASSISTANCE FROM:

Scholarship Requested from Synagogue

Choices

Yes

No

If yes, Synagogue Name

If no, leave blank.

Character Limit: 100

Synagogue Amount Requested

This MUST be a NUMBER, not “as much as possible” or a percentage. If not requesting a scholarship, leave blank.

Character Limit: 20

Synagogue Amount Received

If you have not received yet, leave blank.

Character Limit: 20

Scholarship Requested from Camp

Choices

Yes

No

If yes, Camp Name

Character Limit: 100

Camp Amount Requested

This MUST be a NUMBER, not “as much as possible” or a percentage. If none requested, leave blank.

Character Limit: 20

Camp Amount Received

If not received yet, leave blank.

Character Limit: 20

Assistance Requested From Jewish Family & Children's Services**Choices**

Yes

No

Jewish Family & Children's Services Amount Requested

This MUST be a NUMBER, not “as much as possible” or a percentage. If none requested, leave blank.

Character Limit: 20

Jewish Family & Children's Services Amount Received

If not received yet, leave blank.

Character Limit: 20

Assistance Requested from Minneapolis Jewish Federation:*

Please complete this even if you are filling this form out for the Minneapolis Jewish Federation as this form is used by other agencies as well.

Choices

Yes

No

If yes, how much are you requesting from Minneapolis Jewish Federation?

This MUST be a NUMBER, not “as much as possible” or a percentage. If none requested, leave blank.

Character Limit: 20

Minneapolis Jewish Federation Amount Received

Please fill in if using this form for other institutions. Leave blank if applying with Minneapolis Jewish Federation.

Character Limit: 20

Assistance Requested from Other Source

Choices

Yes

No

If yes, Specify Other Source (Hennepin Co., etc.)

Character Limit: 100

Amount Requested from Other Source

This MUST be a NUMBER, not “as much as possible” or a percentage. If none requested, leave blank.

Character Limit: 20

Other Amount Received

Character Limit: 20

TOTAL AMOUNT REQUESTING FROM ALL SOURCES

TOTAL all funds requested and enter amount below.

Character Limit: 20

SUMMATION TOOL - TOTAL EXPENSES FOR CAMPER (OPTIONAL):

We've provided an Excel spreadsheet for download that will help calculate the amounts for the following six questions. Click [HERE](#) to access the tool, then click the "Download" button (you may also need to "Enable Editing").

Camp Tuition Fees (Total from Above):*

Character Limit: 20

+

Transportation Fees: (Family's Responsibility)*

Character Limit: 20

+

Other Camp Expenses: (Family's Responsibility)*

Character Limit: 20

=

TOTAL EXPECTED COSTS (Tuition/Transportation/Other):*

This is the total of the three fields directly above.

Character Limit: 20

-

Less - Camper/Parent/Other Family Will Contribute:*

Character Limit: 20

-

Less - Requested Scholarships from All Sources (Enter Number from Above):*

Character Limit: 20

=

Balance Remaining*

Balance Remaining after Camper/Parent/Other Family Contribution and Scholarship Requests. This is the amount you can expect to pay in the event all your scholarship requests are granted.

Character Limit: 20

Part 3: Narrative Information

THIS SECTION MUST BE COMPLETED FOR APPLICATION REQUEST TO MINNEAPOLIS JEWISH FEDERATION.

If you do not wish to add any narrative choose that option below, leave the open-ended portion blank and continue to Part 4: Financial Information.

If you are using this application for an agency OTHER THAN Minneapolis Jewish Federation, does the synagogue, agency, or camp to which you are applying require a narrative? If this information is not required, you may leave it blank.

Special Circumstances

Optional: Please describe any special circumstances relevant to your family's ability to pay for camp:

Choices

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
Other - Please elaborate below.
None

Please Elaborate

Character Limit: 1000

Part 4: Financial Information

THIS SECTION MUST BE COMPLETED FOR APPLICATION REQUEST TO MINNEAPOLIS JEWISH FEDERATION

If you are using this application for an agency OTHER THAN Minneapolis Jewish Federation, does the synagogue, agency, or camp to which you are applying require financial information? If this information is not required, STOP and go to end of form to submit.

Please Complete for Primary Parent/Guardian

Parent/Guardian Name - Primary

Please re-enter the first and last name of the main contact. *(We know this is redundant, but please humor us.)*

Character Limit: 100

Employer

Character Limit: 100

Occupation

Character Limit: 100

Gross Annual Income

This MUST match what is stated on your submitted Federal Income Tax Return.

Character Limit: 20

Marital Status

Select from drop-down list.

Choices

Single
Married
Domestic Partner

Divorced
Separated
Widowed

Child Support

Do you receive child support? If yes, how much per year? If no, leave blank.

Character Limit: 20

Alimony/Spousal Support

Do you receive alimony or spousal support? If yes, how much per year? If no, leave blank.

Character Limit: 20

Please Complete for Second Parent/Guardian

(If not applicable, leave blank and skip to Federal Tax Return section.)

Second Parent/Guardian Name

Please enter the First and Last name. *(Again, we know this is redundant from earlier in the form, thank you for your patience.)*

Character Limit: 100

Employer of Second Parent/Guardian

Character Limit: 100

Occupation of Second Parent/Guardian

Character Limit: 100

Gross Annual Income of Second Parent/Guardian

This MUST match what is stated on your submitted Federal Income Tax Return. If file jointly, leave blank.

Character Limit: 20

Marital Status of Second Parent/Guardian

Select from the drop-down list.

Choices

Shared household, same as above.

Single

Married

Domestic Partner

Divorced

Separated
Widowed

Child Support

Do you receive child support? If yes, how much per year? If no, leave blank.

Character Limit: 20

Alimony/Spousal Support

Do you receive alimony or spousal support? If yes, how much per year? If no, leave blank.

Character Limit: 20

FEDERAL TAX RETURN (Page 1-2) - REQUIRED!*

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

If you are unable to upload your tax return, please click SAVE and contact the Community Impact Department at campscholarships@mplsfed.org or 952-417-2314.

File Size Limit: 5 MB

End Notes

***Note:** If you would like to request a scholarship for an additional child and/or an additional camp you will need to complete an application **for each** by clicking on the **APPLY** link at the top left of the page and then click on the application title "2016 Camp Scholarship Application for Additional Child/Camp."*

Instructions on printing or saving a completed application.

Other scholarship-granting organizations also accept this application. Please check with them! You may print or save an electronic copy of this completed application by clicking on the "Application Packet" button in the upper right corner of the screen (this will appear once you have at least saved your application as draft). The "Application Packet" will convert your entire application with the questions and responses to a pdf which you can then download and print or save to your computer.

THANK YOU! You are at the end of the application. Click SAVE if you feel you would like to return to the application for some reason. Click SUBMIT if you are done and ready to submit.

Once submitted you will receive an email confirmation that your application has been received. Once the application has been submitted (and received) by the Minneapolis Jewish Federation you will have until April 11, 2016 to notify Federation of any changes needed (such as camp location, camp session, etc). Any changes after that date will not be accepted - no exceptions.

Minneapolis Jewish Federation will notify you of Federation Camp Scholarship awards by Monday, April 25, 2016.

Questions? Contact Community Impact Department at 952-417-2314 or campscholarships@mplsfed.org.