

2016 CAMP SCHOLARSHIP APPLICATION FOR ADDITIONAL CHILD/CAMPS [click here](#)

Minneapolis Jewish Federation Scholarship

Additional Child/Additional Camp Scholarship Application Information

This application is to be used if you are applying for more than one child OR for more than one camp. Prior to completing this you must have completed the main application for the first child. You will need to do one of these forms for EACH additional child and/or additional camp. At the end of this application there are instructions on how to apply for additional children or camps.

A few reminders...

- 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.
- Campers must be Age 5 (entering kindergarten in fall 2016) and older to qualify.
- This application will only be considered if the main application has been completed and submitted..
- Once the application has been submitted and received by the Minneapolis Jewish Federation, you will have until April 11, 2016 to notify us of any necessary changes (example: camp location, camp session, etc). Any changes after that date will not be accepted - **no** exceptions.

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.

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

Part 2a: Child Information

Use this application for the additional child or additional camp. You must complete this form for EACH child and/or camp. At the end of this application there are instructions on how to apply for additional children or camps.

Reason for This Form

I am completing this form for:

Choices

An additional child

An additional camp

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*

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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

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 for an additional child or camp. 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.