

**Jewish Federation of Greater Philadelphia**  
**Day Camp Needs-Based Scholarship Application**



**Directions for the Camp Needs-Based Scholarship Application**

The Jewish Federation of Greater Philadelphia (JFGP) provide camp scholarship assistance for youths who demonstrate financial need. The guidelines are listed below. If you would like to request a scholarship from JFGP, please:

1. Review the guidelines carefully;
2. Attach IRS Form 1040 and other relevant tax forms for 2009 [If parents file separately, both must submit their 2009 tax returns.];
3. Sign the camp scholarship application;
4. Forward all items, together with any additional attachments, to the camp(s).
5. Note that JFGP will provide no more than 40% of the total cost of camp. We require that every family contribute to the payment of tuition and fees.

**Jewish Federation of Greater Philadelphia - Application Deadline:**  
**Day Camp Scholarship - Friday, March 26<sup>th</sup>, 2010**

( ) **I am requesting a scholarship from the Jewish Federation of Greater Philadelphia and certify that I meet all of the requirements listed below.**

1. Families must reside in the Greater Philadelphia area, including Philadelphia, Montgomery, Bucks, Delaware and Chester Counties (in Pennsylvania).
2. Recipients must be between the ages of 3 and 19 for day camp at the start of camp.
3. The camper(s) must be registered in a participating Jewish camp. Scholarship requests **will not** be considered unless the attached application is complete and signed by the camp administrator confirming that the recipient is registered for camp.
4. Scholarship funds are remitted directly to the camp. **Families SHOULD NOT pay tuition covered by a JFGP grant with a promise of future reimbursement.**
5. The camper(s) identify as Jewish.

Please make sure that your application reaches the camp in time for staff to comply with the above listed deadlines. Forms sent directly to JFGP from parents will be returned to the camp unprocessed. **Applications will not be processed until they are complete.**

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Use this application for up to three children attending the same camp. If you have more than three children attending the same camp, or multiple children attending different camps, complete additional applications, as appropriate.

**PLEASE NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS  
ALL INFORMATION REQUESTED BELOW IS COMPLETE AND ACCURATE.**

**FAMILY INFORMATION**

| Child's Name | Sex | Date of Birth | Place of Birth | Child's age as of 06/01/09 | Attended Jewish camp in past? If so, where? |
|--------------|-----|---------------|----------------|----------------------------|---|
|              |     |               |                |                            |   |
|              |     |               |                |                            |   |
|              |     |               |                |                            |   |

Child(ren) lives with ( ) Parent 1 ( ) Parent 2 ( ) Both ( ) Legal Guardian (Relationship): \_\_\_\_\_

Child(ren) is (are) legal dependents of ( ) Parent 1 ( ) Parent 2 ( ) Both ( ) Legal Guardian

**Parent 1/Legal Guardian's Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Total # of **dependent children** living in household: \_\_\_\_\_

Total # of others living in household/relationship: \_\_\_\_\_

Marital Status: ( ) Single/Never Married ( ) Married ( ) Partnered ( ) Separated/Divorced  
( ) Widow/Widower ( ) Divorced/Widowed, and Remarried

**Parent 2's Information (Please enter address only if different from above)**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Total # of **dependent children** living in household: \_\_\_\_\_

Total # of others living in household/relationship: \_\_\_\_\_

Marital Status: ( ) Single/Never Married ( ) Married ( ) Partnered ( ) Separated/Divorced  
( ) Widow/Widower ( ) Divorced/Widowed, and Remarried

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Does your family belong to a synagogue? \_\_\_\_ If so, which one? \_\_\_\_\_

Jewish Denomination/Movement: \_\_\_\_\_  
(for statistical purposes only. Not required)

**EDUCATION INFORMATION**

Please provide the names of the educational program(s) in which your child(ren) participate.

|  | Camper 1 | Camper 2 | Camper 3 |
|--|----------|----------|----------|
| Jewish Private School                                      |          |          |          |
| Non-Jewish Private School                                  |          |          |          |
| Public School  |          |          |          |
| Religious/Hebrew School that meets once per week           |          |          |          |
| Religious/Hebrew School that meets more than once per week |          |          |          |
| Jewish Youth Group   |          |          |          |
| Other Jewish Education                                     |          |          |          |

**SPECIAL NEEDS**

Does your child(ren) have any special needs? If so, do those special needs present extraordinary financial hardship for your family? Please explain. Use additional paper, if necessary.

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL INFORMATION**

**Completion of this section is mandatory. Incomplete applications will not be considered.**

**2009 Income**

Adjusted Gross Income (Line 37 from IRS Form 1040).....\$ \_\_\_\_\_

Income attributable to other adults (filing separately) living in household..... \$ \_\_\_\_\_

Child Support **Received** (if divorced/separated).....\$ \_\_\_\_\_

Other forms of non-taxable income for all household members, for example

Parsonage..... \$ \_\_\_\_\_

Social Security..... \$ \_\_\_\_\_

SSI/SSD..... \$ \_\_\_\_\_

Food Stamps..... \$ \_\_\_\_\_

SS Survivor's Benefits..... \$ \_\_\_\_\_

Other..... \$ \_\_\_\_\_

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**2009 Expenses**

*\* Please provide actual amount paid out-of-pocket in 2009, after deducting any scholarships and/or grants that were awarded.*

Child Support **Paid** (if divorced/separated)..... \$ \_\_\_\_\_  
Out of pocket medical/dental expenses (if not listed under itemized deductions)... \$ \_\_\_\_\_  
\* Synagogue Membership Fee ..... \$ \_\_\_\_\_  
\* Hebrew School Tuition..... \$ \_\_\_\_\_  
\* Jewish Day School Tuition ..... \$ \_\_\_\_\_  
\* Other Private School Tuition..... \$ \_\_\_\_\_  
\* Children's College Tuition (School Name: \_\_\_\_\_) \$ \_\_\_\_\_  
\* Child Care Fees ..... \$ \_\_\_\_\_  
\* Overnight/Day Camp Fees (for summer 2009)..... \$ \_\_\_\_\_  
Mortgage/Rent ..... \$ \_\_\_\_\_  
Property Taxes..... \$ \_\_\_\_\_  
Utilities..... \$ \_\_\_\_\_  
Car Payments (Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_) ..... \$ \_\_\_\_\_  
Other (extraordinary expenses)..... \$ \_\_\_\_\_

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What is the maximum amount that your family can afford to pay toward the cost of your child(ren)'s summer camping experience? \_\_\_\_\_

Please list any other scholarship sources and amounts for which you have applied and/or received, including but not limited to: JFCS, FHBS, camp administration, synagogue, etc.

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Please use this space below to provide additional information not reflected above to help guide us in the scholarship award process. (Use additional paper, if necessary)

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**CAMP INFORMATION**

Camp Name: \_\_\_\_\_ Contact Person/Title: \_\_\_\_\_

Winter Address: \_\_\_\_\_

Summer Address: \_\_\_\_\_

Winter Phone: \_\_\_\_\_ Summer Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**CAMP TUITION AND REGISTRATION**

Please provide length of session and full tuition and fees, **prior** to any subsidies and scholarships.  
Note: If a parent is an employee of the camp reduce the camp fees appropriately for their child(ren).

**Camper 1:** Length of Session: # weeks \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

**Camper 2:** Length of Session: # weeks \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

**Camper 3:** Length of Session: # weeks \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

**Camper 4:** Length of Session: # weeks \_\_\_\_\_ Fee \$ \_\_\_\_\_ Date Registered: \_\_\_/\_\_\_/\_\_\_

We certify that to the best of our knowledge and belief that the information contained herein or attached hereto is correct and accurate. Moreover, we give permission to the Jewish Federation to receive information from the camp(s) regarding the total amount of grant money received from other sources for our children and the total amount of tuition paid for by the parents and/or other individuals.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Camp Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

Date Received: \_\_\_\_\_ Net Income: \_\_\_\_\_ Scholarship Award: \_\_\_\_\_