



**St. Paul Jewish Federation
Jewish Overnight Summer Camp Scholarship Application**

Families: Please feel free to use this form for multiple campers.

Camp Scholarship deadline is March 29, 2019

Please note: Families of scholarship applicants must make a pledge to the current Jewish Federation annual campaign and resolve any past due pledges with the Associate Development Director.

Camper Information

Name and birth date of Camper #1 _____

Schools attended: _____

Attended camp before? If so, list camp, dates of attendance, and length of session(s):

St. Paul Jewish community involvement:

Name and birth date of Camper #2 _____

Schools attended: _____

Attended camp before? If so, list camp, dates of attendance, and length of session(s):

St. Paul Jewish community involvement:

Name and birth date of Camper #3 _____

Schools attended: _____

Attended camp before? If so, list camp, dates of attendance, and length of session(s):

St. Paul Jewish community involvement:

Family Information

Parent/Guardian 1:

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best way to contact this person _____ (phone, e-mail, etc)

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian 2:

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best way to contact this person _____ (phone, e-mail, etc)

Home Phone _____ Work Phone _____ Cell Phone _____

Number of people in household _____ Number of dependent children _____

Synagogue affiliation, if applicable: _____

Camp Information (you **must** attach a copy, e-mail spesses@stpaulfed.org or fax (651)690-0228 the camp invoice before your application can be processed)

Camper #1

Name of Camp

Camp Address _____ City _____ State _____ Zip _____

Camp Phone Number(s)

Session Name _____ Number of Weeks _____

Camper #2

Name of Camp

Camp Address	City	State	Zip
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Camp Phone Number(s)

Session Name	Number of Weeks
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Camper #3

Name of Camp

Camp Address	City	State	Zip
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Camp Phone Number(s)

Session Name	Number of Weeks
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Financial Information

Note from the Scholarship Committee: The quality of the information that you provide ensures the equitable allocation of funds to those campers who need it most. This allows the allocation process to meet both your expectation of fairness, but also that of the Federation donor community of St. Paul, who generously make these scholarships possible.

Please provide the financial information requested below. We ask that you **do not send** us tax documents, although we reserve the right to request them if deemed necessary.

Total camp cost: _____ Financial aid requested from Federation: _____

Other scholarships: _____ Balance to be paid by family: _____

Combined Family Earned Income (If divorced, income of both parents. Include all forms of income):

- \$20,000 or less \$20,000 - 40,000 \$40,000 - 60,000 \$60,000 - 80,000
 \$80,000 – 100,000 Over \$100,000

Please list other sources of income which have been reported on your most recent tax return (i.e. bank interest, rental income, income from stocks and bonds, etc.):

Item	Amount

Did you incur any extraordinary expenses this year (e.g. medical expenses or legal fees)? Please specify, including amount. Use additional paper if necessary.

Please include other sources of financial aid for which you have applied for each child. *We encourage you to contact your synagogue and the camp for additional aid.*

Signature of Parent

Date

Please email to spesses@stpaulfed.org or mail to:
Camp Scholarships, St. Paul Jewish Federation
790 S. Cleveland Ave., Suite 227
St. Paul, MN 55116
Phone: 651-6953138 Fax: 651-690-0228