

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 31, 2020

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):

Family Information							
Parent/Guardian 1:							
Name							
Address							
City		State	Zip				
E-mail etc)	Best way to	Best way to contact this person(phone, e-mail					
Home Phone	Work Phone	Cell	Phone				
Parent/Guardian 2:							
Name							
Address							
City	;	State	Zip				
E-mail etc)	Best way to	contact this pe	erson	(phone, e-mail			
Home Phone	Work Phone	Cell	Phone				
Number of people in h	nouseholdNumbe	er of dependent	children				
Synagogue affiliation,	if applicable:						
	/ou <mark>must</mark> attach a co re your application ca		•	ulfed.org the			
Camper #1							
	Name	of Camp					
Camp Address	City		State	Zip			
	Camp Pho	ne Number(s)					
Session Name				Number of Week			

St. Paul Jewish community involvement:

Camper #2						
Name of Camp						
Camp Address	City	State	Zip			
	Camp Phone Nu	mber(s)				
Session Name		Nu	mber of Weeks			
Camper #3						
	Name of Ca	mp				
Camp Address	City	State	Zip			
	Camp Phone Nu	mber(s)				
Session Name		Nu	mber of Weeks			
Financial Information						
ensures the equitable a allows the allocation pro	hip Committee: The quality llocation of funds to those ocess to meet both your expendingly who should be supported by the community of St. Paul, who	e campers who need it nexpectation of fairness, t	nost. This out also that of			
•	ncial information requeste ough we reserve the right					
Total camp cost:	Financial aid requ	ested from Federation: _				
Other scholarships:	Balance to be p	oaid by family:				
Combined Family Earn of income):	ed Income (If divorced, in	come of both parents. Ir	nclude all forms			
	20,000 - 40,000 □\$40,00 80,000 – 100,000	0 - 60,000 □\$60,000 - □Over \$100				
	es of income which have b t, rental income, income f					

Amount

Item

Signature of Parent Date Dat	te
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.	d.
fees)? Please specify, including amount. Use additional paper if necessary.	

Please email to <u>spesses@stpaulfed.org</u> or mail to: Camp Scholarships, St. Paul Jewish Federation 790 S. Cleveland Ave., Suite 227 St. Paul, MN 55116 Phone: 651-695-3186