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):

_________________________________________________________________________
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 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-
**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.):

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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: 651-695-3186