



JFGC mission statement: To raise and distribute funds to support and enrich the lives of Jews locally, nationally, in Israel and worldwide. Through education, planning and community building, the Federation's mission ensures that Jewish values, goals, traditions, and connections are preserved for current and future generations.

Jewish Experience Fund Scholarship Request Form

The Jewish Experience Fund provides **need-based** financial assistance to help Jewish children and teens from the Greater Charlotte area participate in meaningful, immersive Jewish experiences, including Jewish overnight camps and other immersive programs. These experiences strengthen Jewish identity and foster lasting peer connections. Eligibility is determined by the Jewish Federation of Greater Charlotte.

This application is for **need-based** financial assistance only. JFGC also supports the One Happy Camper Charlotte grant program. Eligible families should apply online: www.onehappycamper.org.

SCHOLARSHIP ELIGIBILITY REQUIREMENTS

To be eligible for a Jewish Experience Fund scholarship, applicants must meet the following criteria:

- The family must reside in the Greater Charlotte area.
- The family's Adjusted Gross Income (AGI) must be \$250,000 or less, unless extenuating circumstances are explained.
- Applicants must submit the top two pages of their most recent IRS Form 1040.
- Prior to applying, families must:
 - Register their child for camp or the eligible experience.
 - Apply for financial assistance directly:
 - From the camp
 - From a synagogue (if applicable)
 - From JFGC's One Happy Camper program - www.onehappycamper.org
- Families are expected to contribute a portion of the program tuition.
- Applicants must submit a **detailed written explanation** describing the reasons for requesting need-based assistance.
- Scholarships are awarded based on demonstrated financial need.

Applications will be reviewed only once all requested materials have been submitted. In general, one **need-based** Jewish Experience Fund award is granted per child per program year. All awards are subject to the availability of funds in any given year, and submission of an application does not guarantee a scholarship. Awards may vary based on available resources and the number of applications received.

All information submitted will be kept confidential. Completed applications should be submitted to Julie Dalli, Julie.Dalli@JFSCharlotte.org at Jewish Family Services. A telephone interview may be requested to verify information or to obtain additional details as part of the review process.



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Date: _____ Synagogue Affiliation (if applicable): _____

Participant's Name: _____ Date of Birth and grade _____

Parent(s) Name: _____

Address: _____

(Street)

_____ Email: _____

(City, State, Zip Code)

Phone: _____ (home) _____ (cell)

Name of Camp/Program: _____

Length of Camp/Program (in days): _____

Does applicant have siblings? Include ages and names.

Please describe the reasons you are seeking a **need-based** scholarship, including: your family's financial circumstances, tuition obligations, and any extraordinary expenses (e.g., medical costs, elder care, job transitions, or other significant financial pressures).



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Please check all that apply:

_____ I have applied directly to the camp/program for financial aid

_____ I have applied to my synagogue for financial aid (if applicable)

_____ I have applied for Federation's One Happy Camper grant

Financial Assistance has already been requested/received from the following sources (include amount requested from Federation's Jewish Experience Fund):

SOURCE	AMOUNT REQUESTED	AMOUNT RECEIVED

Total cost of program: \$ _____

Amount family can contribute: \$ _____

Scholarship amount requested from Federation: \$ _____



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The Jewish Federation of Greater Charlotte issues scholarship payments directly to the organization. All summer camp applications will be reviewed by March 15, and families will be notified accordingly.

If scholarship is awarded, JFGC should make check payable to:

Name of program/organization: _____

Attention: _____

Address: _____

(Street)

(City, State, Zip Code)

Parent(s) Signature: _____ Date: _____

Office use only:

Approved by: _____ Date submitted to JFGC: _____

Check issued by: _____ Date check mailed: _____ Amount: \$ _____