

**Need-Based Camp Scholarship Application**

 **Summer 2016**

The Jewish Federation in the Heart of New Jersey provides assistance to enable as many Jewish youth as possible to have meaningful Jewish experiences.

Need-based camp scholarships are available for youth who demonstrate financial need. Federation will award “last dollar” scholarships, taking into account both the family’s income and other scholarship awards received.

Eligibility:

1. Scholarship recipients are between the ages of 3-18 years old, reside in Middlesex or Monmouth County and identify as Jewish.
2. Up to 2 scholarships may be awarded per family for the summer of 2016. Applicants may receive either: a need-based scholarship from the Jewish Federation, a scholarship from Jewish Social Service (JSS), or a Happy Camper/ BunkConnect award.
3. Recipients will attend a non-profit local Jewish day camp for at least 15 days or an approved overnight camp for at least 19 consecutive days. (VisitJewishMiddlesex.org/children/scholarships for a list of approved camps.)
4. Recipients 13 years and older agree toperform local community service within one year of their trip and will submit one article (and 2 photos) about their Israel experience to The Jewish Federation in the Heart of New Jersey, which may be published in the NJ Jewish News, on Facebook and the Federation website. Parents of recipients 3-12 years are asked to do so on their child’s behalf.
5. If a scholarship is awarded, payment is made directly to the program provider.

Complete application and attach copy of most recent IRS Form 1040 to:

**The Jewish Federation in the Heart of New Jersey**

**230 Old Bridge Turnpike, South River, NJ 08882**

**ATTN: Meryl Harris**

**E-mail:** **MerylH@jewishheartnj.org** **Fax: 732. 432 0292**

*Please note: All scholarship applications are handled with extreme confidence and the*

*information is used only to make scholarship decisions.*



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# FAMILY INFORMATION

Is your family Jewish? \_\_\_\_ Yes \_\_\_\_ No

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Gender** | **Date of Birth** | **Child’s age as of 06/01/16** |
|  |  |  |  |
|  |  |  |  |

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

Address:

City, State, Zip: County:

Home Phone: E-mail:

Occupation: Business or Cell 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

Address:

City, State, Zip: County:

Home Phone: E-mail:

Occupation: Business or Cell 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

# 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINANCIAL INFORMATION**

[*If parents file separately, both must submit their tax returns*.]

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

**2014/2015 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……………………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_

Survivor’s Benefits……………………………………………………… $\_\_\_\_\_\_\_\_\_\_

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

**2014/2015 Expenses**

***Please provide actual amount paid out-of-pocket in 2014/2015, 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) $\_\_\_\_\_\_\_\_\_\_

Child Care Fees ……………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_

Mortgage/Rent …………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_

Property Taxes…………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_

Utilities………………………………………..…………………………………………… $ \_\_\_\_\_\_\_\_\_\_

Car Payments (Make \_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_) …………………….. $ \_\_\_\_\_\_\_\_\_\_

**Other Expenses**

If you have any of the following expenses, please feel free to enter them and they will be taken into consideration.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Camper 1** | **Camper 2** | **Actual Cost (after discounts & scholarship)** |
| Synagogue Membership |  |  | $ |
| Jewish Day School |  |  | $ |
| Religious/Hebrew School  |  |  | $ |
| Jewish Youth Group |  |  | $ |
| Other Jewish Education |  |  | $ |
| College (for siblings) | N/A | N/A | $ |

**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.

**Camper 1:** Length of Session: # days a week # weeks\_\_\_\_\_\_ Fee $

Date Registered: \_\_\_/\_\_\_/\_\_\_

**Camper 2:** Length of Session: # days a week # weeks \_\_\_\_\_\_ Fee $

Date Registered: \_\_\_/\_\_\_/\_\_\_

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

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)

We certify that to the best of our knowledge and belief that the information contained 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:

**For Official Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_AGI (Adjusted Gross Income): \_\_\_\_\_\_\_\_\_\_Scholarship Award: