



Need-Based Camp Scholarship Application Summer 2019

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 5-18 years old, reside in Middlesex or Monmouth County and identify as Jewish.
2. Up to two scholarships may be awarded per family per summer. Applicants may receive either: a need-based scholarship from the Jewish Federation, a scholarship from Jewish Social Service (JSS), or a One Happy Camper award.
3. Recipients may attend a non-profit, local Jewish day camp for at least 15 days or an approved overnight camp for at least 19 consecutive days. Find approved camps.
4. Recipients 13 years and older agree to support the Federation by volunteering at a Call Out day within one year of their camp experience. Parents of recipients 5-12 years are asked to do so on their child’s behalf.
5. We must receive your application no later than April 1 of the year in which you hope to attend camp. 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: Rosalyn Perrone
E-mail: Rosalynp@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.



**Need-Based Camp Scholarship Application
Summer 2019**

FAMILY INFORMATION

Is your family Jewish? ____ Yes ____ No

Child's Name	Gender	Date of Birth	Child's age as of 06/01/17

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.

FINANCIAL INFORMATION

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

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

2017/2018 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.....	\$ _____

2017/2018 Expenses

Please provide actual amount paid out-of-pocket in 2017/2018, 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 Please name if appropriate:			\$ _____
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: