

**Need-Based Camp Scholarship Application**

**Summer 2023**

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

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

Eligibility:

1. Scholarship recipients are between the ages of 6-14 years old, reside in Middlesex or Monmouth County and identify as Jewish.
2. Up to two (2) children per family may be awarded a needs-based scholarship for the summer of 2023. Applicants may receive either: a need-based scholarship from the Jewish Federation OR a scholarship from Jewish Social Service (JSS).
3. Recipients will attend a non-profit local Jewish day camp for at least 15 days. Please note that Jewish Federation gives most of its needs-based camp grants to campers attend a camp within Middlesex and Monmouth counties.
4. Recipients 13 years and older agree tosupport the Federation by participating in J-SERVE, the International Day of Jewish Teen Service, when students in the 6th – 12th grade come together to make a difference in our community through projects fulfilling the Jewish values of caring, justice, and repairing the world. Parents of recipients 5-12 years are asked to participate in a fundraising call-out day on their child’s behalf.
5. We must receive your application no later than **April 30, 2023** for it to be considered. **We also require that you confirm to us that the camp your child is planning to attend will be open in Summer 2023.** If a scholarship is awarded, payment is made directly to the program provider.

Complete application and attach copy of your 2022 (if available) or 2021 IRS Form 1040

(with all schedules and attachments, i.e., Forms 2441, 8889, etc.) 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**](mailto: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 2023**

# FAMILY INFORMATION

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Gender** | **Date of Birth** | **Child’s age as of 06/01/2023** |
|  |  |  |  |
|  |  |  |  |

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:

Are you employed? ( ) Yes ( ) No

If you are employed, please provide employer name and telephone number:

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

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:

Are you employed? ( ) Yes ( ) No

If you are employed, please provide employer name and telephone number:

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

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.**

**Current (2023) Income**

Please list your annual salary as of January 1, 2023

Parent 1 *(if applicable)* $ \_\_\_\_\_\_\_\_\_\_

Parent 2 *(if applicable)* $ \_\_\_\_\_\_\_\_\_\_

If you will receive additional/other income in calendar year 2023, please

itemized where the income comes from and amount:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**2022/2023 Income (based on which IRS Form 1040 you submit)**

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

**2022/2023 Expenses**

***Please provide actual amount paid out-of-pocket in 2022/2023 (based on which IRS Form 1040 you submit), 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: \_\_\_/\_\_\_/\_\_\_

Please list other scholarships and/or grants you have applied for and received (or are waiting to receive):

Camper 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Camper 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Camper 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

Camper 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

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: