



Stolzer Family Fund for Children with Special Needs

2023 Special Needs Summer Camp Scholarship Application Eligibility Criteria

Jewish Federation in the Heart of New Jersey helps enable as many Jewish youth as possible to have meaningful Jewish experiences. Scholarships for children with special needs are available for caretakers of youth who demonstrate need. Federation will award “last dollar” scholarships, considering both the family’s income and other scholarship awards received.

Eligibility:

1. Applicant must be a Jewish resident of Greater Middlesex or Monmouth County.
2. Applicant(s) must be classified as special needs and attend a camp that can accommodate their needs through specialized programming and/or assistance.
3. Families with a gross annual income up to \$175,000 are eligible to apply. Single parents and families with more than one child with special needs will receive special consideration.
4. We must receive your application no later than **April 15, 2023** for it to be considered. If a scholarship is awarded, payment is made directly to the program provider.
5. All questions in the application **must be answered/addressed** to be considered for a scholarship.

Note: Families who have received a scholarship in previous years do not automatically qualify, and funding may vary based on the number of requests received.

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.) and send to:

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.



I. FAMILY INFORMATION

Camper's Name _____ Gender: { } { }
Last First Middle Male Female

Permanent Home Address _____
Number & Street

City State Zip

Date of Birth _____ Age of Child You Are Enrolling (as of 6/1/2023) _____

Grade _____

Camper's School _____

Camper's Religious School _____

Parent/Guardian #1

Name Parent/Guardian _____

Address (if different from camper) _____
Number & Street

City State Zip

Parent's/Guardian Primary Phone No. _____

This is a: Cell # _____ Land Line # _____

Parent's/Guardian's Cell Number _____

Parent/Guardian Employer _____

Employer's Address _____

Employer's Phone Number _____



Parent/Guardian #2

Name Parent/Guardian _____

Address (if different from camper) _____

Number & Street

City

State

Zip

Parent's/Guardian Primary Phone No. _____

This is a: Cell # _____ Land Line # _____

Parent's/Guardian's Cell Number _____

Parent/Guardian Employer _____

Employer's Address _____

Employer's Phone Number _____

Parental Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

Total Number of Dependents in Family (including applicant) _____

Names and Ages of Siblings:

Sibling's Name	Gender	Date of Birth	Child's age as of 06/01/2023



If the camper's parents or siblings are presently attending a college or university, please supply the following information: (Attach additional sheets if necessary)

Family Member	Name of School

II. GRANDPARENT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____ County: _____

Phone Number: _____ Cell _____ Land Line _____

E-mail: _____

III. CAMP INFORMATION

Camp Name: _____

Contact Person/Title: _____

Camp/Contact Telephone: _____

Camp/Contact Email: _____

Location of Camp: _____

Complete Mailing Address of Camp or Sponsoring Organization:

Street Address _____

City, State, Zip Code _____



TUITION AND REGISTRATION

Please provide length of session and full tuition and fees, **prior** to any subsidies and scholarships.

Length of Session: Days per week _____ Number of weeks _____

Camp Tuition* \$ _____

Date Registered: Month _____ Day _____ Year _____

Does the camp provide financial aid? If so, how much will you receive? \$ _____

Federation may contact the camp. Please sign below authorizing the camp to release this information to Federation.

**Scholarship award amounts include camp tuition fees only. The cost of equipment, canteens, transportation or other additional fees are the responsibility of the family and will not be considered when determining the scholarship award amount.*

IV. YOUR CHILD'S SPECIAL NEEDS

Please describe your child's special needs and how this camp addresses them. Use additional paper if necessary.

V. INTERESTS AND ACTIVITIES:

Please describe briefly your own individual involvement and activities in the Jewish community.

Examples: Synagogue and organizational membership, Jewish studies, etc. Use additional paper if necessary.



Please describe briefly your child's Jewish education and Jewish activities. Use additional paper if necessary.

Family Congregation Name: _____

VI. FINANCIAL INFORMATION

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

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

Current (2022) Income

Please list your annual salary as of January 1, 2023

Parent/Guardian #1 \$ _____

Parent/Guardian #2 \$ _____

2022/2023 Income (Remember to submit your tax returns based on which IRS Form 1040 you submit)

Adjusted gross income \$ _____

Taxable income \$ _____

Total itemized deductions \$ _____

Total federal & state income taxes paid \$ _____

If divorced, does the custodial parent receive child support? Yes _____ No _____

If yes, please list monthly amount \$ _____

What is the tuition amount for your child's school and are there any other expenses as they relate to your child's disability? _____



Will you be receiving any other financial assistance to participate in this program? If yes, please indicate in detail the source and amounts:

_____	\$ _____
_____	\$ _____
_____	\$ _____

If the camper is 21 years old or older, how much is his/her SSI allotment per month?
\$ _____

Please state the amount that you feel you can afford to meet the expenses of this program.
\$ _____

Please state the total amount you hope to receive from the Financial Aid Committee.
\$ _____

Where will you receive additional funding, if you are not awarded the full amount you have requested?

Does this camp offer an "early-bird" discount? Yes ____ No ____ . If yes, what is the deadline date for payment _____

Financial need within the family unit is considered in awarding camp grants. Please explain in detail those financial conditions which you feel should be brought to the attention of the Financial Aid Committee. Use additional paper, if necessary. _____

Please make sure you have done the following:

- _____ Fully completed the application form; incomplete applications cannot be processed
- _____ Signed the application form (parent or guardian must sign)
- _____ Enclosed all the pages of the most recent 1040 form, including all schedules



All information is kept in complete confidence. We certify that to the best of our knowledge and belief that the information contained is correct and accurate. Moreover, we give permission to 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. This also serves as permission for Federation to contact the camp.

All information stated in this application is, to the best of my knowledge, accurate and complete.

Parent's signature: _____ Date: _____

Approved by: _____ Date: _____