



Need-Based Camp Scholarship Application Summer 2024

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 2024. 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 that attend a camp within Middlesex and Monmouth counties.
4. Recipients 13 years and older agree to support the Federation by participating in 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 19, 2024** 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 2024.** If a scholarship is awarded, payment is made directly to the program provider.

Complete application and attach copy of your 2023 (if available) or 2022 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: Laura Safran
E-mail: lauras@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 06/01/2024

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 (Relationship) _____

Parent 1/Legal Guardian's Information

Name: _____ Date of Birth _____

Address: _____

City, State, Zip: _____ County: _____

Home Phone: _____ Email: _____

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
 Widowed 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: _____

Not including parents or guardian in household, how many others living in the household are:

Single/Never Married Married Partnered Separated/Divorced
Widowed 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 (2024) Income

Please list your annual salary as of January 1, 2024

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. _____ \$ _____

2023/2024 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..... \$ _____

2023/2024 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: