



## **Stolzer Family Fund for Children with Special Needs**

### **2024 Special Needs Summer Camp Scholarship Application Eligibility Criteria**

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

Scholarships for kids 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, 2024** for it to be considered. **We also require that you confirm to us that the camp your child will attend will be open in Summer 2024.** 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 2023 (if available) or 2022 IRS Form 1040 (with all schedules and attachments, i.e. Forms 2441, 8889, etc.) and send 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](mailto: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.*



**Stolzer Family Fund for Children with Special Needs**  
**2024 Special Needs Summer Camp Scholarship Application**

**I. FAMILY INFORMATION**

Camper's Name \_\_\_\_\_ { } { }  
Last First Middle Male Female

Permanent Home Address \_\_\_\_\_  
Number & Street City State Zip

Birthdate \_\_\_\_\_ Age of Child You Are Enrolling (as of 6/1/2024) \_\_\_\_\_ Grade \_\_\_\_\_

Camper's School \_\_\_\_\_ Camper's Religious School \_\_\_\_\_

Name of Both Parent(s) or Guardian(s) \_\_\_\_\_

Address (if different from camper) \_\_\_\_\_  
Number & Street City State Zip

Parents/Guardian Primary Phone No. \_\_\_\_\_ Primary E-mail \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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 06/01/2022

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

## **CAMP TUITION AND REGISTRATION**

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

Length of Session: # days a week \_\_\_\_\_ # weeks \_\_\_\_\_ Camp Tuition\* \$ \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_



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**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.

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

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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 (2024) Income**

Please list your annual salary as of January 1, 2024

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

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

### **2023/2024 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? \_\_\_\_\_

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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?



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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

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 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. This also serves as permission for The 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: \_\_\_\_\_