



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

### 2019 ELIGIBILITY CRITERIA

- I. Applicant must be a Jewish resident of Greater Middlesex or Monmouth County.
- II. Applicant(s) must be classified as special needs and attend a camp that can accommodate their needs through specialized programming and/or assistance.
- III. 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.

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.



The Jewish Federation  
IN THE HEART OF NEW JERSEY

**JEWISH FEDERATION IN THE HEART OF NEW JERSEY**  
**230 OLD BRIDGE TURNPIKE**  
**SOUTH RIVER, NJ 08882**  
**(732) 588-1800 - FAX (732) 432-0292**

**APPLICATION FOR  
SPECIAL NEEDS CAMP SCHOLARSHIP AWARD**

**SUMMER 2019**

**I. GENERAL INFORMATION:**

1. Camper's Name \_\_\_\_\_ ( ) ( )  
Last First Middle M F
2. Permanent Home Address \_\_\_\_\_  
No. & Street City State Zip
3. Birthdate \_\_\_\_\_
4. Age of Child at Time of Camp Enrollment \_\_\_\_\_ Grade \_\_\_\_\_
5. Camper's School \_\_\_\_\_ 6. Camper's Religious School \_\_\_\_\_
7. Name of Both Parent(s) or Guardian(s) \_\_\_\_\_
8. Address (if different from student) \_\_\_\_\_  
No. & Street City State Zip
9. Phone Number \_\_\_\_\_ 10. E-mail \_\_\_\_\_
11. Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_
12. Father's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
13. Mother's Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
14. Parental Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_
15. Total Number of Dependents in Family (including applicant) \_\_\_\_\_
16. Names and Ages of Siblings: \_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_ Name of School \_\_\_\_\_

Name \_\_\_\_\_ Name of School \_\_\_\_\_

18. Grandparents:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

19. Does the family contribute to the Campaign of the Jewish Federation in the Heart of New Jersey?

\_\_\_\_\_ Yes \_\_\_\_\_ No

## II. THE CAMP:

Name and Location of Camp \_\_\_\_\_

**Complete Mailing Address** of Camp or Sponsoring Organization \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail (of Camp / Camp Contact) \_\_\_\_\_

Length of Entire Program (days or weeks) \_\_\_\_\_

Dates of Camp Session \_\_\_\_\_

Cost of Camp Tuition \$ \_\_\_\_\_ \*

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

How much did you receive in previous years?

\_\_\_\_\_

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

**Signature** \_\_\_\_\_

*\*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.*

**III. YOUR CHILD'S SPECIAL NEEDS:**

Please describe your child's special needs and how this camp addresses them. (Attach additional sheets if necessary).

**IV. INTERESTS AND ACTIVITIES:**

1. Please describe briefly your own individual involvement and activities in the Jewish community. Examples: Synagogue and organizational membership, Jewish studies, etc. (Attach additional sheets if necessary).

2. Please describe briefly your child's Jewish education and Jewish activities. (Attach additional sheets if necessary).

3. Family Congregational Affiliation \_\_\_\_\_  
Name of Congregation

**V. FINANCIAL DATA:**

A. Please supply financial data from year **2017 U.S. Income Tax returns (1040 form)**, if 2018 returns have not yet been filed. Please include all schedules.

1. Adjusted gross income \$ \_\_\_\_\_
2. Taxable income \$ \_\_\_\_\_
3. Total itemized deductions \$ \_\_\_\_\_
4. Total federal and state income taxes paid \$ \_\_\_\_\_

B. If divorced, does the custodial parent receive child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list monthly amount \_\_\_\_\_

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

\_\_\_\_\_

2. Will you be receiving any other financial assistance to participate in this program? If yes, Please indicate in detail the source and amounts. (Attach additional sheets if necessary).

\_\_\_\_\_

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

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

\$ \_\_\_\_\_

D. Please state the total amount you hope to receive from the Financial Aid Committee.

\$ \_\_\_\_\_

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

\_\_\_\_\_

E. Does this camp offer an "early-bird" discount? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the deadline date for payment \_\_\_\_\_

F. 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. (Attach additional sheets if necessary.) \_\_\_\_\_

\_\_\_\_\_

***All information is kept in complete confidence.***

**CHECK LIST**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

**FOR OFFICE USE ONLY:**

Camp Tuition: \$\_\_\_\_\_

Amount Requested: \$\_\_\_\_\_

Amount Family Can Afford: \$\_\_\_\_\_

Funding from Other Source(s): \_\_\_\_\_ Yes \_\_\_\_\_ No

Early-pay discount \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, deadline date \_\_\_\_\_

Award from Jewish Federation: \$\_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_