



JEWISH FEDERATION

OF THE GREATER SAN GABRIEL AND POMONA VALLEYS

GUIDELINES FOR CAMP GAN SHALOM **SCHOLARSHIP PROGRAM**

The Jewish Federation provides partial scholarships for summer camp tuition for Jewish children when a family is unable to pay, the full costs.

Eligibility for scholarships is based primarily on financial need, and families who apply for a scholarship have to provide the Jewish Federation with the requested financial information (see attached application).

The amount actually awarded to each camper is based on the camper's budget, the number of campers requesting aid, an individual family's resources, and special circumstances in the life of each camper.

*Please return this application in the enclosed envelope or via email to
the attention of Jason Moss, Executive Director
federation@jewishsgpv.org*

CAMP GAN SHALOM SCHOLARSHIP APPLICATION

Camp Year: 2023



I. GENERAL INFORMATION:

Camper's Name: _____ Male: ☐ Female: ☐

Birth date: __/__/____ Grade ____ School: _____

Name of Parent (s) or Guardian (s): _____

Home Phone: _____ Work Phone: _____

Street: _____ City: _____ Zip: _____

MARITAL STATUS: Single ☐ Married ☐ Widowed ☐ Separated ☐

PLEASE CIRCLE WHICH CAMP WEEK(S) YOU ARE APPLYING FOR:

Pasadena:

Week 1 (June 12 - 16) **Week 2** (June 20 - 23) **Week 3** (June 26 - 30)

Week 4 (July 3 - 7) **Week 5** (July 10 - 14) **Week 6** (July 17 - 21)

Pomona:

Week 7 (July 24 - 28) **Week 8** (July 31 - August 4)

II. FINANCIAL INFORMATION

A. Please list employment for all working members of household:

Name of Employed	Employer	Occupation	Gross Yearly Income	Net Yearly Income

B. Other sources of income: (To include, real estate, child support, social security) \$_____

C. Family Monthly Expenses: (To include rent, mortgage, medical, car, etc) \$_____

D. Any Unusual Situations or Expenses? ☐ YES ☐ NO

If yes, please explain: _____

E. Amount family can pay toward camp costs? \$_____

F. Are you affiliated with a Synagogue in your community? ☐ YES ☐ NO

If so, which one? _____

G. Are you receiving camp scholarships funds from another organization or source?

☐ YES ☐ NO

If so, name source and amount: _____

H. Additional Comments: _____

I hereby certify that all information given is true and correct.

APPLICANT SIGNATURE:_____ **DATE:**_____

Please return to:

Jewish Federation, 114A W. Lime Ave., Monrovia, CA 91016

or email to federation@jewishsgpv.org

Attention: Jason Moss