



**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 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 to  
the attention of Jason Moss, Executive Director*

# CAMP GAN SHALOM SCHOLARSHIP APPLICATION

Camp Year: 2024

## 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 10 - 14 (No camp June 12&13) ☐ WEEK 2: June 17 - 21 ( No camp June 19)

☐ WEEK 3: June 24 - 28 ☐ WEEK 4: July 1 - 5 (No camp July 4)

☐ WEEK 5: July 8 - 12 ☐ WEEK 6: July 15 - 19

### POMONA:

☐ WEEK 7: July 22 - 26 ☐ WEEK 8: July 29 - August 2

## II. FINANCIAL INFORMATION

### A. Please list employment for all working members of the 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 Fax 626.445.5977

Attention: Jason Moss