

## **GUIDELINES FOR THE DISTRIBUTION OF CAMPERSHIP GRANTS**

All scholarships shall be awarded to Jewish students whose permanent residency is in Bexar County or the immediate surrounding areas. **All applicants must submit a new application each year to be considered for future scholarships.**

1. To meet the criteria for funding, children must be:
  - a. Jewish Residents of Bexar County or the immediate surrounding areas
  - b. Attending a non-profit, Jewish sleep-away camp in the US or Canada.
  - c. Entering grades 2 through 12
2. All applicants **must** apply for financial assistance with Jewish Children's Regional Service. JCRS applications may be submitted at [www.jcrs.org/services/camp-scholarship-aid/](http://www.jcrs.org/services/camp-scholarship-aid/).
3. All Foundation grant funds will be sent directly to the camp.
4. Applicants must submit a signed copy of the 2017 income tax return filed with the IRS and a current transcript. If the 2017 return is not available, submit the 2016 tax return with an explanation as to why the 2017 return is not available. Students who are considered dependents for IRS purposes must submit a signed copy of the 2017 IRS tax return of their parent(s) or guardian(s).
5. An application must be filled out for **each** child, not one application per family.

**Failure to provide any requested information may result in application disqualification. To ensure your application is reviewed in a timely manner, it is essential that all required parts be submitted no later than Wednesday, April 10, 2019 to:**

The Foundation for Jewish Philanthropies of San Antonio  
Attn: Matt Elam  
12500 NW Military Highway, Suite 200  
San Antonio, Texas 78231  
(210) 302-6960 ✉ [elamm@jfsatx.org](mailto:elamm@jfsatx.org)



The Foundation for Jewish Philanthropies of San Antonio  
Application for Scholarship Assistance for Jewish Overnight Camps

Please submit completed application with a signed copy of the 2017 income tax return filed with the IRS. If the 2017 return is not available, submit the 2016 tax return with an explanation as to why the 2017 return is not available. Students who are considered dependents for IRS purposes must submit a signed copy of the 2017 IRS tax return of their parent(s) or guardian(s). Please submit all information by Monday, April 15, 2019. **Applications that are not completely filled out or are submitted after the deadline may not be accepted.** If further information is needed, please contact the JFSA office at 210-302-6960. The Foundation encourages you to contact your synagogue to inquire about additional funding.

**A. General Information**

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male:  Female:  Social Security Number: \_\_\_\_\_

Are you a United States Citizen? Yes:  No:  If "No," list your citizenship and status in the US:

\_\_\_\_\_

Current Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Parents are: Married:  Divorced:  Widowed:  Deceased:

Name and relationship of Parent(s)/Guardian(s) who live with applicant:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

Name and relationship of Parent(s) who do not live with applicant:

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list all immediate family members (excluding Parents/Guardians): \_\_\_\_\_

Have you or members of your family previously applied to this agency for this or any scholarship assistance?

Yes:  No:  If yes, who and when? \_\_\_\_\_

What type of aid was requested and received? \_\_\_\_\_

If recipient(s) is/are still in high school or college, list status: \_\_\_\_\_

Name of Camp to which you are applying: \_\_\_\_\_

Have you already applied directly to the Camp? Yes:  No:

If "Yes," was a deposit sent? Yes:  No:  Amount of deposit sent: \$ \_\_\_\_\_

**B. Financial Information**

Employment of all working members of the household:

Name	Occupation as listed on US Tax Return	Years Employed	Gross Yearly Income
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Amount of income family earned last year: \$ \_\_\_\_\_

Income from self-employment: \$ \_\_\_\_\_

Child support received: \$ \_\_\_\_\_

Income from stocks, bonds, and/or real estate: \$ \_\_\_\_\_

Social Security benefits: \$ \_\_\_\_\_

Annuities or pensions: \$ \_\_\_\_\_

Other income (specify): \_\_\_\_\_ \$ \_\_\_\_\_

Signed copy of 2017 IRS tax return attached: Yes:  No:

### C. Financial Assistance

Every scholarship is granted on a yearly basis and renewal is possible, but not guaranteed. **All applicants must submit a new application each year.**

List completely all organizations to which you have applied, or intend to apply, for scholarships, grants and loans for camp and indicate the disposition of each application. Include all loans, grants, scholarships and any other financial assistance. All applicants must apply for financial assistance with Jewish Children's Regional Service. They may be contacted at 800-729-5277 or an application may be downloaded at [www.jcrs.org/services/camp-scholarship-aid/](http://www.jcrs.org/services/camp-scholarship-aid/).

Name and Address of Organization	Amount Received	Amount Pending	Amount Denied
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Any unusual situations or expenses?      Yes:       No:

If "Yes," please explain *(if necessary, include a separate sheet of paper)*:

**D. Estimate of Financial Need**

**Expenses**

Program Cost (*incl. fees required by camp*) \$ \_\_\_\_\_

Other (*specify*) \_\_\_\_\_ \$ \_\_\_\_\_

Deposits Already Made \$ \_\_\_\_\_

**Total Expenses Remaining** \$ \_\_\_\_\_

**Funds for Camp**

Scholarships (*other than requested from Foundation*) \$ \_\_\_\_\_

Camp Assistance/Discount \$ \_\_\_\_\_

Assistance from Parent(s) of Applicant \$ \_\_\_\_\_

Assistance from Friends and/or Relatives \$ \_\_\_\_\_

Assistance from Jewish Children's Regional Service \$ \_\_\_\_\_

**Total Assistance and Income** \$ \_\_\_\_\_

**Remaining Financial Need** \$ \_\_\_\_\_

**E. Certification**

I hereby apply for a camp scholarship from the Foundation for Jewish Philanthropies of San Antonio to assist in the payment of my camp expenses while in overnight attendance at:

Name of Camp: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Furthermore, I authorize the Financial Aid Office of the camp to release all information required to determine my financial condition and give permission to share information regarding financial awards with other local organizations that also give camp scholarships. I certify that the information contained in this application is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date