



Joe and Sylvia Rothbard Family Jewish Summer Camp Grant Application

Applications must be postmarked/submitted by March 1st

Please answer all questions completely. This is a need-based grant and the information received is treated with the strictest confidentiality. Grant recipients will be notified prior to May 1st.

Summer camp grant criteria:

- Grants will be awarded to campers in grades 3-12
- The applicant must be a resident of the greater Indianapolis Jewish community
- Camps must have a mailing address in the United States

Complete this application, sign, date and submit with the following:

- Camp tuition invoice
- Full copy of previous year's tax return
- W-2 for the current tax year

Please send your grant application with all attachments by email or mail.

Jewish Federation of Greater Indianapolis
Attention: Scholarships and Grants
6705 Hoover Road, Indianapolis, IN 46260
scholarships@jfgi.org

If you are awarded a grant, JFGI will send funds directly to the trip vendor upon receipt of all information.



**Joe and Sylvia Rothbard Family
Jewish Summer Camp Grant Application**

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CAMPER INFORMATION

Name: _____
(First) (Middle Initial) (Last)

Address: _____

City, State, ZIP: _____

Email: _____ Date of Birth: ____/____/____

Present grade in school: _____ [] Public School, or [] Private School

School name: _____

- ☐ New Camper
☐ Returning Camper _____ Number of Previous Years at Camp

CAMP INFORMATION

Jewish summer camp that you plan to attend: _____

Have you applied? ☐ Yes ☐ No Have you been accepted? ☐ Yes ☐ No

Camp dates: _____

Camp address: _____

City, State, ZIP: _____

Contact person: _____

Contact Email: _____ Contact phone: _____



COST/FUNDING INFORMATION

Please make sure to fill this section out completely. Incomplete applications will not be reviewed.
Costs and funding MUST balance.

*** Please include the camp tuition invoice confirming registration and showing the cost of the program.**

Costs

Camp Tuition: \$ _____

Transportation: \$ _____

Other Camp Fees (specify):

_____ \$ _____

_____ \$ _____

Total: \$ _____

Funding

Parent/Guardian Contribution: \$ _____

Camp Contribution: \$ _____

Congregation Contribution: \$ _____

Other Sources (discounts, etc.): \$ _____

Amount requested from JFGI: \$ _____

Total: \$ _____

Has your family received financial assistance for camp in previous years? ☐ Yes ☐ No

If yes, please list the amount, year and source of assistance.

Amount: _____ Year: _____ Source of Assistance: _____

Amount: _____ Year: _____ Source of Assistance: _____

Amount: _____ Year: _____ Source of Assistance: _____

Amount: _____ Year: _____ Source of Assistance: _____

Amount: _____ Year: _____ Source of Assistance: _____



FAMILY INFORMATION

* Please include a full copy of your W-2 and previous year's income tax return. We request that you not just attach the first page but provide full financial documentation for both your W-2 and previous year's income tax return.

Applications without these documents will not be reviewed.

Parent/Guardian #1 (Required)

Name: _____ Email: _____

Phone: _____

Address: _____

City, State, ZIP: _____

Employer: _____ Occupation: _____

Total income, previous year: \$_____ Estimated income, current year: \$_____

Annual total income before taxes (including salaries, interest and dividends,
unemployment compensation, non-taxable income, trust funds, social security benefits, etc.)

Parent/Guardian #2 (If applicable)

Name: _____ Email: _____

Phone: _____

Address: _____

City, State, ZIP: _____

Employer: _____ Occupation: _____

Total income, previous year: \$_____ Estimated income, current year: \$_____



Total number of children in family: _____

Please list all children in family:

Name	Age	School	Grade/Year	Public/Private	Tuition cost paid by family
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If your family has come to the United States from another country, please indicate the following:

Country of origin: _____

Date of arrival in the United States (Month/Year): _____

Synagogue Information (if applicable)

Synagogue Name: _____

Address: _____

City, State, ZIP: _____



Application Acknowledgement

I/We have reviewed this application and affirm that the information provided is complete and correct to the best of my/our knowledge.

Signature of Parent/Guardian #1

Printed name of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Printed name of Parent/Guardian #2

Date



Policies and Procedures Acknowledgement

Parents/Guardians – please read carefully, sign the bottom of these procedures and return it with your application. We recommend that you keep a copy for your records.

The Jewish Federation of Greater Indianapolis (JFGI), in cooperation with the Joseph and Sylvia Rothbard family, provides a limited number of need-based grants to encourage youth to participate in Jewish summer overnight camp experiences at Jewish non-profit camps.

The following criteria will apply:

- Grants will be awarded to campers in grades 3-12
- The applicant must be a resident of the greater Indianapolis Jewish community
- Camps must have a mailing address in the United States

Rothbard grant applications will be accepted by JFGI until **March 1st**.

If the total of all scholarships, financial aid, or other financial support, including funds from the Rothbard grant, are greater than the total cost of the camp program (including tuition, fees and transportation) then the grant will be reduced so that the total package will be less than or equal to the total cost of the camp program.

JFGI retains the right to limit the number of grants given each year. Only one grant will be made per student. Applicants must use the grant in the year it is given for a non-profit Jewish summer overnight camp.

The difference in cost between the program chosen and the grant from JFGI will be the responsibility of the person requesting the grant. If the applicant is unable for any reason to attend the camp and is entitled to a refund, the refund shall be applied first to repay JFGI to the extent of the grant.

Parents or guardians of students granted funds under this program release JFGI from any liability under any circumstances for any problems, and/or injury, etc., resulting from participation in the program chosen by the applicant.

JFGI reserves the right to make any changes without prior notice.

I/We understand and agree to these policies and procedures.

Signature of Parent/Guardian #1

Printed name of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Printed name of Parent/Guardian #2

Date