



**Jewish Federation**  
of West-Central New Jersey  
Serving Somerset, Hunterdon & Warren Counties

## Jewish Overnight Camp and Israel Experience Scholarship Application

**The deadline for applications is Tuesday, March 31, 2026**

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

**Name of Parent:** \_\_\_\_\_

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

**County:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Camper's Birthdate:** \_\_\_\_\_ **Grade in School Fall 2026:** \_\_\_\_\_

**Name of Overnight Jewish Camp/Israel Program:** \_\_\_\_\_

**Name of Camp Contact Person:** \_\_\_\_\_

**Camp Address:** \_\_\_\_\_

**Camp Phone Number:** \_\_\_\_\_

**Camp Email:** \_\_\_\_\_

**Camp Web Address:** \_\_\_\_\_

**How many days will your child be attending the Jewish camp/Israel program?**

☐ 7-14      ☐ 15-28      ☐ 29-42      ☐ 43-56

**Has your child attended Jewish overnight camp or an organized youth trip to Israel in the past?** ☐ Yes ☐ No

**If yes, what camp/program did they attend?** \_\_\_\_\_

**How did you hear about this scholarship?** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_