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| jfed jpg logo transparent background  5603 South Braeswood Boulevard  Houston, TX 77096 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2017 CAMP SCHOLARSHIP APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete an application for each child for whom you are requesting funding, and return your application(s) with a signed copy of your most recently filed IRS forms to the Federation, by mail, email ([pwalden@houstonjewish.org](mailto:pwalden@houstonjewish.org)) or fax (713-721-6232). For questions, please call 713-729-7000, extension 309. All information is kept confidential. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Incomplete applications cannot be reviewed.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Child’s** Name | | |  | | | | | | | | | | | | | | Male  Female | | | | | Age | | | |  | |
| 1. What is the name of the **CAMP** your child will be attending? | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| How many **WEEKS** | | | |  | | **OR** | | | **DAYS** |  | | | | | | | | | will your child be attending camp? | | | | | | | | |
| Camp Fees | **$** |  | | | Camp Discounts | | | | | | | **$** | | |  | | | | | | Travel Cost | | **$** |  | | | |
| On what date does camp **BEGIN**? | | | | | | | |  | | | | On what date does camp **END**? | | | | | | | | | | | |  | | | |
| What is the camp’s mailing **Address/City/State/Zip** to send scholarship funds? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Has your child ever attended a Jewish-content summer **overnight** camp for at least 12 consecutive days?  **YES**  **NO** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, what was the name of the camp? | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 1. What is the **RELIGION** of child**\*?** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. Are you a member of a **CONGREGATION**? | | | | | | | | | | | | | | **YES**  **NO** | | | | | | | | | | | | | |
| If yes, what is the name of the congregation? | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Does the child attend **RELIGIOUS SCHOOL?** | | | | | | | | | | | | | **YES**  **NO** | | | | | | | | | | | | | | |
| If yes, what is the name of the religious school? | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 1. Name of **SCHOOL** child attends? | | | | | | |  | | | | | | | | | | | | | | | | | | **Grade** | |  |
| 1. If you are an immigrant to the USA of **less** than 3 years, in what month and year did you arrive,   and what is your country of origin? | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Supplemental Information | Page 2 | | | | | | | | | | | | | | | |
| 1. **FATHER** |  | | | | | | | Daytime Phone | | |  | | | | |
| Home Address/City/State/Zip | | | | | |  | | | | | | | | | |
| Employer | |  | | | | | | | Years Employed | | | | |  | |
| Occupation | | | |  | | | Current Annual Salary | | | | | | | **$** |  |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | |
| 1. **MOTHER** | | |  | | | | | Daytime Phone | | | |  | | | |
| Home Address/City/State/Zip *(If different from above)* | | | | | |  | | | | | | | | | |
| Employer | |  | | | | | | | Years Employed | | | |  | | |
| Occupation | | | | |  | | Current Annual Salary | | | | | | | **$** |  |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | |
| 1. How did you learn of the Federation’s scholarship program? | | | | | | | | | |  | | | | | |
| 1. Are you asingle parent family?  **YES→***Go to page 3*  **NO** **→***Go to page 4* | | | | | | | | | | | | | | | |

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| Single Parent Family | Page 3 | | | | | | | | | | | | | | | | | | |
| 1. Are you  Single  Separated  Divorced  Remarried  Widowed | | | | | | | | | | | | | | | | | | |
| 1. Are you the custodial parent of the child?  **YES**  **NO** | | | | | | | | | | | | | | | | | | |
| 1. How much do you received in **child support** **per month**? | | | | | | | | | | **$** |  | | | | | |  | |
| 1. Have you contacted the non-custodial parent for assistance paying the camp program fees? | | | | | | | | | | | | | | | | | | |
| **YES** How much will the non-custodial parent contribute? | | | | | | | | | | | | | **$** |  | | | |  |
| **NO** Please explain: | | | |  | | | | | | | | | | | | | | |
| 1. If you are **REMARRIED**, please provide your **Spouse’s** information: | | | | | | | | | | | | | | | | | | |
| **SPOUSE** |  | | | | | | | | | | | | | | | | | |
| Employer |  | | | | | | | Occupation | | | |  | | | | | | |
| Years Employed | | |  | |  | | Current Annual Salary | | | | | | | | **$** | |  | |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | | | | |
| 1. If the child is living with someone other than a parent, please provide the **Guardian’s** information: | | | | | | | | | | | | | | | | | | |
| **GUARDIAN** | |  | | | | | | | Daytime Phone | | | | | | |  | | |
| Home Address/City/State/Zip | | | | | |  | | | | | | | | | | | | |
| Employer |  | | | | | | | Occupation | | | |  | | | | | | |
| Years Employed | | |  | | Current Annual Salary | | | | | | | | | | **$** | |  | |
| Please explain any discrepancy between the current annual salary you are reporting and your adjusted gross income on your IRS Form 1040: | | | | | | | | | | | | | | | | | | |
| Please list all other sources and amounts of income available *(parsonage allowance, investments, gifts, etc.)*: | | | | | | | | | | | | | | | | | | |
| If unemployed, please explain: | | | | | | | | | | | | | | | | | | |

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| Supplemental Information | Page 4 | | | | | | | | | | | | | | | | |
| 1. Do you own or rent your home?  **OWN**  **RENT** | | | | | | Monthly Mortgage/Rent | | | | | | | | **$** |  | |
| 1. Please list **ALL** make, model and year of automobiles in your household: | | | | | | | | | | | | | | | | |
| 1. Number of Dependents *(do not include names)*: | | | |  | | | Ages | | | |  | | | | | |
| 1. How many children do you have in **COLLEGE**? | | | | | | | |  | | | | |  | | | |
| College(s) |  | | | | | | | | | | | | | | | |
| What are **YOUR** annual college expenses? | | | | | | | | | | | | | | **$** | |  |
| How much do you receive in scholarship assistance? | | | | | | | | | | | | | | **$** | |  |
| How much do you receive from family or friends? | | | | | | | | | | | | | | **$** | |  |
| 1. How many children do you have in **PRIVATE SCHOOL**? | | | | | | | |  | | | | |  | | | |
| Private School(s) | |  | | | | | | | | | | | | | | |
| What are **YOUR** annual tuition costs? | | | | | | | | | | | | | | **$** | |  |
| How much do you receive in scholarship assistance? | | | | | | | | | | | | | | **$** | |  |
| How much do you receive from family or friends? | | | | | | | | | | | | | | **$** | |  |
| 1. Has your family ever received a camp scholarship from the Federation?  **YES**  **NO** | | | | | | | | | | | | | | | | |
| If yes, in what year(s)? | | |  | | Amount(s) | | | | | **$** | |  | | | | |
| 1. Has your family ever received a camp scholarship from your congregation?  **YES**  **NO** | | | | | | | | | | | | | | | | |
| If yes, in what year(s)? | | |  | | Amount(s) | | | | **$** | | |  | | | | |
| 1. How much are you able to pay towards camp program fees? | | | | | | | | | | | | | | **$** | |  |
| 1. How much will family/friends pay towards camp program fees? | | | | | | | | | | | | | | **$** | |  |
| 1. What **SIGNIFICANT** expenses are being incurred by your family that contributes to the need for a scholarship? Please be specific and list approximate dollar amount *(do* **NOT** *include expenses covered by insurance – do* **NOT** *include names)*: | | | | | | | | | | | | | | | | |

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| Supplemental Information | Page 5 | | | | | | | | | | | | |
| The resources listed below make their decisions early. It is in your best interest to apply NOW. | | | | | | | | | | | | |
| 1. Have you applied with **JEWISH CHILDREN’S REGIONAL SERVICES** at 1-800-729-5277 or [www.jcrs.org](http://www.jcrs.org)? | | | | | | | | | | | | |
| **YES** | Amount Confirmed | | | **$** |  | | **OR** Pending  *check if pending* | | | | | |
| **NO** | Please tell us why you have not applied? | | | | | | |  | | | | |
| 1. Have you applied with the **CAMP PROGRAM** your child will be attending? | | | | | | | | | | | | |
| **YES** | Amount Confirmed | | | **$** |  | | **OR** Pending *check if pending* | | | | | |
| **NO** | Please tell us why you have not applied? | | | | | | |  | | | | |
| 1. Will your child receive a **ONE HAPPY CAMPER GRANT** ([www.onehappycamper.org](http://www.onehappycamper.org))? | | | | | | | | | | | | |
| **YES** | Amount Confirmed | | | **$** |  | | **OR** Pending  *check if pending* | | | | | |
| **NO** | Not Eligible | | | | | | | | | | | |
| Have you ever received a One Happy Camper Grant?  **YES**  **NO** | | | | | | | | | | | | |
| If yes, in what year? | | |  | | |  | | |  | | |  |
| 1. Have you applied for funding from your synagogue’s **RABBI FUND**? | | | | | | | | | | | | |
| **YES** | Amount Confirmed | | | **$** |  | | **OR** Pending  *check if pending* | | | | | |
| **NO** My synagogue does not have a Rabbi Fund. | | | | | | | | | | | | |
| 1. Have you applied for funding from your **CONGREGATION**? | | | | | | | | | | | | |
| **YES** | Amount Confirmed | | | **$** |  | | **OR** Pending  *check if pending* | | | | | |
| **NO** My synagogue does not have a Rabbi Fund. | | | | | | | | | | | | |
| Required Parent/Guardian Signature | | | | | | | | | | | | |
| I give my permission to the Jewish Federation of Greater Houston to share scholarship information and information relative to the applicant *(child)* with the camp and other organizations that provide scholarships. | | | | | | | | | | | | |
| **Parent/Guardian** *Signature* | |  | | | | | | | | **Date** |  | |
| **\****The Jewish Federation of Greater Houston funds programs and organizations that benefit individuals and families regardless of their religion; however, when financial aid is provided on behalf of a specific individual, the individual must be Jewish.  This financial aid requirement is to honor the intent and expectation of the Federation’s donors with regard to these particular financial aid programs.* | | | | | | | | | | | | |
| ***Funding for scholarships is made possible by donations to the***  ***Jewish Federation of Greater Houston’s Annual Campaign*** | | | | | | | | | | | | |