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| 5603 South Braeswood Boulevard, Houston, TX 77096 |
| **2017-2018 CAMP SCHOLARSHIP APPLICATION** |
| Please complete an application for each child for whom you are requesting funding and return your application(s) with a copy of your most recently filed IRS forms to the Federation by mail, email egarza@houstonjewish.org or fax (713-721-6232). Please call 713-729-7000, extension 309 if you have any questions regarding the application process. 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 | **$** |  | Discounts | **$** |  | Travel Cost | **$** |  |
| Date camp **BEGINS**? |  | Date camp **ENDS**? |  |
| What is the camp’s mailing address to send scholarship funds? |
| **Address/City/State/Zip** |  |
| 1. Has this child ever attended a Jewish-content summer **overnight** camp for at least 12 consecutive days? **[ ]**  **YES** **[ ]**  **NO**
 |
| If yes, what was the name of the camp? |  |
| 1. Name of **SCHOOL** child attends?
 |  | **Grade** |  |
| 1. What is the **RELIGION** of child**\***?
 |  |
| 1. Are you a member of a **CONGREGATION**?
 | **[ ]**  **YES** **[ ]**  **NO** |
|  If yes, what is the name of the congregation? |  |
| 1. Does the child attend **RELIGIOUS SCHOOL**?
 | **[ ]**  **YES** **[ ]**  **NO** |
|  If yes, what is the name of the religious school? |  |
| 1. Are you an immigrant to the USA of **less** than 3 years?
 | **[ ]**  **YES** **[ ]**  **NO** |
|  If yes, in what month and year did you arrive? |  |
|  If yes, what is your country of origin? |  |
| 1. How did you learn of the Federation’s scholarship program?
 |  |
| 1. Are you a single parent family?[ ]  **YES** *(single parent families, please complete page 3)* [ ]  **NO**
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| Supplemental Information | Page 2 |
| 1. **FATHER**
 |       | Daytime Phone |       |
| Home Address/City/State/Zip |       |
| Employer |       | Years Employed |       |
| Occupation |       | Current Annual Salary | **$** |       |
| 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:       |

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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 receive in **child support** **per month**?
 | **$** |       |  |
| 1. Have you contacted the non-custodial parent for assistance paying the Israel program fees?
 |
| [ ]  **YES** How much will the non-custodial parent contribute? | **$** |       |  |
| [ ]  **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 | **$** |  |
| 1. Please list ALL make, model and year of automobiles in your household:
 |  |
|  |  |
| 1. How many dependent children do you have?
 |  | Ages |  |
| 1. How many children do you have in **COLLEGE**?
 |  |  |
| College(s) |  |
| How much do you pay in annual college expenses? | **$** |  |
| 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) |  |
| How much do you pay in annual in 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 or 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** Amount 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 | **$** |  | **OR** Amount Pending **[ ]**  *check if pending* |
| **[ ]**  **NO** | Please tell us why you have not applied? |  |
| 1. Will your child receive a **ONE HAPPY CAMPER GRANT** ([www.onehappycamper.org](http://www.onehappycamper.org))?
 |
| **[ ]**  **YES** | Amount Confirmed | **$** |  | **OR** Amount 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 | **$** |  | **OR** Amount Pending **[ ]**  *check if pending* |
| **[ ]**  **NO** My synagogue does not have a Rabbi Fund. |
| 1. Have you applied for funding from your **CONGREGATION**?
 |
| **[ ]  YES** | Amount Confirmed | **$** |  | **OR** Amount 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 regarding financial aid programs.* |
| ***Funding for scholarships is made possible by donations to the******Jewish Federation of Greater Houston’s Annual Campaign*** |