

**Camp Eisner Summer Day Camp
Scholarship Application
Eligibility and Guidelines**

The Jewish Federation of the Berkshires believes in the power of Jewish summer camp and the transformative impact it has on youth, which is why we put great emphasis on raising the necessary funds to make scholarships possible. We believe our investment in your child/children will pay dividends to the Jewish community for years to come.

At the same time, our scholarship monies are limited and available on a first come, first serve basis. Please request only the amount you need to make Camp Eisner possible for your family.

- Children must be year-round Berkshire residents between the ages of 4 and rising 2nd graders and no longer in diapers. (Child must be 4 by July 1, 2020)
- At least one parent must identify as being Jewish
- Families must have contributed or plans to contribute to the Federation's annual campaign at any level.
- Families must apply for the Camp Eisner Berkshire resident \$100 per week discount for each child.
- If amount contributed by family is less than 50% of the total cost of camp, Family must include a letter with your application identifying your need for this higher subsidy.
- Applications must be completed in full.
- Family must first register for Eisner day camp and submit verification of their registration with their application.
- Separate application must be submitted for each child in a family.

**No application will be considered if any one of the above criteria
and requirements have not been met.**

Camp Eisner Summer Day Camp - Scholarship Application

Deadline: Due on or before May 7

(Please Print – Must be legible to be considered)

Name of child: _____ Current Age: _____ Date of Birth ____/____/____

Address: _____ City _____ State _____

Telephone: (____) _____ - _____ Email: _____

Father's Name: _____ Occupation: _____

Father's Place of Employment: _____

Mother's Name: _____ Occupation: _____

Mother's Place of Employment: _____

Does at least one parent identify as being Jewish? ___ no ___ yes

Are you affiliated with a synagogue? ___ no ___ yes If yes, name of synagogue: _____

Is child a first time Eisner Camper: ___ yes ___ no

If no, how many years has child attended Eisner Day Camp? _____

Sessions Attending (a minimum of 2 weeks required):

___ 1) June 29-July 3

___ 5) July 27-July 31

___ 2) July 6-July 10

___ 6) August 3-August 7

___ 3) July 13-July 17

___ 7) August 10-August 14

___ 4) July 20-July 24

Will child take the bus? ___ yes ___ no

Have you applied for needs based assistance from Camp Eisner? ___ yes ___ no

of weeks of camp ___ x \$425 per/week = \$ _____

of weeks of van ___ x \$115 per/week = + \$ _____

Total Cost: \$ _____

Weeks _____ X \$100/week (Berkshire Resident Discount) - \$ _____

Total Cost MINUS Resident Discount \$ _____

Amount Requested from the Jewish Federation: \$ _____

Amount Contributed by Family: \$ _____

Is the amount contributed by your family less than 50% of the total cost? ___no, ___yes,
If yes, you must include a letter identifying factors impacting your need for higher subsidy.

Did your family contribute to Federation's most recent annual campaign? ___yes ___no

If no, you can make a contribution of any amount, online at jewishberkshires.org. Applicants for financial assistance must be contributors to the communitywide effort that makes this financial assistance possible.

**Please return completed application to the Jewish Federation of the Berkshires
196 South St., Pittsfield, MA 01201, federation@jewishberkshires.org**