



Jewish Summer Camp/Program Scholarship Application

Deadline Due: On or before January 16th

(Please Print – Must be legible to be considered)

Name of child: _____

Current Age: _____ Date of Birth _____ (only children age 7 and older are eligible)

Address: _____ Telephone: _____

Parents Email Address: _____

Name of Parents: _____

Father's Occupation: _____

Place of Employment: _____

Mother's Occupation: _____

Place of Employment: _____

Name of Synagogue: _____

Name and Brief Description of Camp/Program: _____

Please attach online print out or brochure describing your camp.

Dates Attending: _____ First Time Camper: yes no

Total Cost of Program: \$ _____

Have you applied for needs based assistance from the camp? yes no

Amount Requested from Grinspoon Foundation (Visit hgf.org): \$ _____

Amount Requested from your synagogue or temple: \$ _____

Amount Contributed by Camper/Participant: \$ _____

Amount Contributed by Family: \$ _____

Amount Requested from the Jewish Federation: \$ _____

If Amount contributed by camper/family is less that 50% of the total cost of camp please include a letter from your family identifying your need for this higher subsidy with you application.

Did your family contribute to Federation's most recent annual campaign? yes no

Your family must have contributed to the federation's recent annual campaign in order to be eligible for scholarship monies. If you answered no above your application will not be considered.

Signatures required on page 2



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 have put great emphasis on raising the necessary funds to make these scholarships possible. We believe that our investment in your child will pay dividends to the Jewish community for many years to come. At the same time our Jewish community can only be successful today if each of us pitch in and do our part which is why we require the following volunteer commitment from every scholarship recipient:

I, _____ (child's name) hereby agree that should I receive this camp scholarship I will volunteer, for a minimum of five (5) hours in one or several ways that will benefit the Berkshire Jewish Community. I also acknowledge that should I not complete my volunteer obligation I will not be eligible for any scholarship funding in the future.

Child's signature: _____

Parent's signature: _____

**Please return to:
Jewish Federation of the Berkshires
196 South St., Pittsfield, MA 01201**

DUE on or before JANUARY 16th