

**Request for Financial Assistance from the Jewish Federation of the
Berkshires for Eisner Day Camp
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 offer financial assistance to families interested in this experience.

At the same time, our funding is 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 3 and 8 years old and no longer in diapers
- At least one parent must identify as being Jewish
- Families must have contributed to the Federation's recent annual campaign
- Family must first register for Eisner day camp and submit verification of their registration with their application.
- Families must apply for the Eisner Day Camp 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 the application identifying your need for this higher subsidy.
- Applications must be completed in full.
- Separate applications 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.**



Deadline: April 30 (no exceptions)

**CONFIDENTIAL APPLICATION FOR EISNER DAY CAMP FINANCIAL ASSISTANCE
FROM THE JEWISH FEDERATION OF THE BERKSHIRES**

You must be registered for camp before applying for assistance. Please print legibly.

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? no yes

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

Sessions attending (a minimum of 2 weeks required):

- | | |
|------------------------|----------------------------|
| ___ 1) July 2-July 6 | ___ 5) July 30-August 3 |
| ___ 2) July 9-July 13 | ___ 6) August 6-August 10 |
| ___ 3) July 15-July 20 | ___ 7) August 13-August 17 |
| ___ 4) July 23-July 27 | |

Will child take the bus? no yes

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

- | | |
|---|----------|
| 1. Cost of Camp Eisner: # of weeks _____ x \$425 = | _____ |
| 2. Cost of Bus: # of weeks _____ x \$100 = | _____ |
| 3. TOTAL Cost of Camp & Bus (add line 1 & line 2) | _____ |
| 4. Resident Discount: # of weeks _____ x \$100 = | _____ |
| 5. TOTAL Cost after discount (subtract line 4 from line 3) | \$ _____ |
| 6. Amount Requested from the Jewish Federation: | \$ _____ |
| 7. 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 assistance.

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

If no, you are not eligible for this financial assistance.

I certify the accuracy of the information provided on this application for financial assistance and understand that the assistance will be revoked in the event of misrepresentation or cancellation.

Signed: _____ **Date:** _____