



Jewish Summer Camp Scholarship Application, Summer 2026



Please use this form to apply for Jewish summer camp scholarships. The scholarships are funded by the CU Jewish Federation, CU Jewish Endowment Foundation, and Sinai Temple. A joint committee will review all applications and pool resources to provide scholarships. Every submission is confidential.

1. **DEADLINES:** For full consideration, applications must be received by 5pm, **January 20th** for overnight camp. Late applications may be considered on a first-come, first-serve basis, pending continued availability of funds.
2. All first-time campers are eligible for a one-time scholarship of \$350 for overnight or \$50 for day camp.
3. Need-based scholarships are also available. Such a scholarship will typically cover only a portion of the summer camp cost, depending on available budget and number of applicants.
4. All children are eligible for CU Jewish Federation scholarships who have at least one parent who is a resident of the greater CU Jewish community (includes Champaign, Danville, Mahomet, Monticello, Mattoon-Charleston, Rantoul, Savoy, Urbana).
5. Overnight camps must be fully accredited.
6. Check all that apply for the funds that you are requesting:
 - ☐ First-time camper scholarship. Fill out section I only.
 - ☐ Need-based financial aid. Fill out sections I and II.
 - ☐ My child will attend DAY camp.
 - ☐ My child will attend OVERNIGHT camp.
7. FILL OUT A SEPARATE APPLICATION FOR EACH CHILD.
8. SUBMIT COMPLETED APPLICATION FORMS VIA email scholarships@cujf.org or mail or in person to: CU Jewish Federation, Human Services Committee, 503 E. John St., Champaign, IL 61820
9. All approved funds will be paid directly to the camp that your child attends. You will be notified in writing when funds are approved and when they are paid.
10. For questions and further information, contact Interim CUJF Director Dana Mor at 217-367-9872

or cujf@cujf.org

SECTION I. Fill out for all requests. INCOMPLETE APPLICATION FORMS WILL BE RETURNED

Today's Date: Child's Birthdate: _____ Current Grade in School: _____

Name of Child

First Middle Last

Permanent Address:

Number & Street City State Zip

First Parent's Name:

Email:

Phone (H): ()

Phone (W): ()

Phone (C): ()

Second Parent's Name:

Email:

Phone (H): ()

Phone (W): ()

Phone (C): ()

Name & address of the Jewish camp that your child plans to attend:

Dates of camp session that your child plans to attend:

Camp payment deadline:

Parent or Guardian's Signature:

SECTION II. Fill out for need-based scholarships only. INCOMPLETE APPLICATION FORMS WILL BE RETURNED

First parent's Occupation:

First Parent's Income:

Second Parent's Occupation:

Second Parent's Income:

List any additional income, specifying source(s) and amount(s):

List other dependents of parents, including ages: _____

List and explain any unusual expenses that your family may have:

Are both parents living with the child? If not, with whom is the child living with?

ANTICIPATED EXPENSES

Total tuition (including deposit): _____ Remaining balance: _____

Additional fees/costs (equipment, tutor, etc.): _____

Transportation costs (driving, bus, airfare, etc.): _____

Other: _____

SOURCES OF FUNDING

Parents/family already paid: Parents/family will pay:

Financial Aid from the Camp: Other (specify):

REQUESTED FUNDING

TOTAL amount requested from CUJF/CUJEF/Sinai Temple: _____

Briefly describe the program at the camp that your child will attend: _____

Why is this Jewish camp important for your child?
