Jewish Summer Camp Scholarship Application, Summer 2022

**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 assistance. All submissions are confidential.**

1. All first-time campers, regardless of need, are eligible for a one-time subsidy of $350 for overnight camp or $50 for day camp.
2. 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.
3. 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, etc.).
4. Overnight camps must be fully accredited.
5. Check all that apply for the funds that you are requesting:

First-time camper subsidy. Fill out section I only. My child will attend OVERNIGHT camp.

Need-based financial aid. Fill out sections I and II. My child will attend DAY camp.

1. FILL OUT A SEPARATE APPLICATION FOR EACH CHILD.
2. SUBMIT COMPLETED APPLICATION FORMS VIA:

* Mail or in person: CU Jewish Federation, Human Services Committee, 503 E. John St., Champaign, IL 61820 Fax: (217) 367-0077
* Email: [cujf@cujf.org](mailto:cujf@cujf.org)

1. **DEADLINES:** For full consideration, applications must be received by **5 pm, January 22nd for overnight camp and 5 pm, May 3rd for day camp.** Late applications may be considered on a first-come, first-serve basis, pending continued availability of funds.
2. 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.
3. For questions and further information, contact CUJF Director Linda Bauer: 217-328-5727 (home) or [cujf@cujf.org.](mailto: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:

Name of Child: p. 2 First Middle Last

**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 child? If not, with whom is 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: Other (specify):

# REQUESTED FUNDING

TOTAL amount requested from above-mentioned sources: \_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_ \_ Briefly describe the program at the camp that your child will attend:

List organized JEWISH activities in which applicant has participated:

Why is this Jewish camp important for your child?