

## Jewish Summer Camp Scholarship Application, Summer 2025



Champaign-Urbana

Jewish Endowment Foundation

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. <u>Every submission is confidential</u>.

- 1. **DEADLINES**: For full consideration, applications must be received by 5pm, **January 15th** 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.					d OVERNIGHT camp.	
	Need-based financial aid. Fill out sections I and II.			d II	My child will attend DAY 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.	<ol><li>All approved funds will be paid directly to the camp that your child attends. You will be notified in writing when funds approved and when they are paid.</li></ol>						
10.	. For questions o	ınd further information	, contact CUJF D	irector Ma'ayan We	nberg: 217-367-9872	or cujf@cujf.org	
SECTIO	ON I. Fill out for	all requests. INCOMPL	ETE APPLICATIO	ON FORMS WILL BE	RETURNED		
Today's Date:		Child's Birthdate:		Current	Current Grade in School:		
Name (	of Child:						
	First		ldle	Last			
Permar	nent Address:						
		Number & Street	City	State	Zip		
First Po	ırent's Name:			Email:			
Phone (	(H): ( <u> </u>	Pho	one (W): <u>(</u>		Phone (C): ()		
Second	l Parent's Name:			Email:			
Phone (	(H): ()	Pho	one (W): ()		Phone (C): ()		
Name 8	address of the	Jewish camp that your	child plans to atte	end:			
Dates o	of camp session t	hat your child plans to	attend:				
Camp payment deadline:Parent or Guardian's Signature:							
Name o	of Child:						
		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 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?