



## Overnight Camp Scholarship Application 2024

Submission deadline: March 15, 2024

*Please answer all questions. Answer N/A to questions that do not apply. Incomplete applications cannot be evaluated. Send the completed application to Judi Corsaro, Charleston Jewish Federation, 176 Croghan Spur Rd, Suite 100, Charleston, SC 29407. Questions can be sent to [pjlibrary@jewishcharleston.org](mailto:pjlibrary@jewishcharleston.org).*

*All information is confidential.*

Today's Date: \_\_\_\_\_

Camper(s) Name: \_\_\_\_\_

Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Congregation Affiliation: \_\_\_\_\_

Employer and Position: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Employer and Position: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

What other financial resources have you pursued for Camp 2024?

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## Camp Information

*Please fill out one per child*

What camp(s) is your child attending (Please indicate which camp is for which child if multiple children are attending camp)? \_\_\_\_\_

How many sessions will they attend? \_\_\_\_\_

What is the total cost of camp for each child?

What other scholarships have you received and how much? \_\_\_\_\_

How much are you requesting? \_\_\_\_\_

What alternate plans do you have if you do not receive this financial assistance? \_\_\_\_\_  
\_\_\_\_\_

## Family Data

List everyone residing in the household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Anyone who receives financial support from CJF will be expected to provide a testimonial – pictures, written, or a video.*

CJF's goal is to help make Jewish summer camp attainable for our community members. Please let us know what and how we can do to support you.

*How much of a difference will this financial support make? What will make it possible/impossible for your family to experience this opportunity? What is your family's connection to the Jewish community in Charleston?*

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### **Application Release**

I declare that the information contained in this form, to the best of my knowledge, is correct and complete. I understand that all information provided is confidential. However, some of the information must be substantiated and therefore it is at times necessary to contact individuals and agencies as part of the processing of the application. Your signature gives Charleston Jewish Federation permission to make these contacts as necessary.

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Applicant

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Date

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