

Parents Are

Married Single Separated Divorced Widowed Remarried

If parents are divorced, who has custody? _____

Does applicant have siblings?

Name Age School attending camp this summer? (include camp name)

Name	Age	School attending	camp this summer? (include camp name)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT #1 NAME _____ **Occupation** _____

Home address, phone number & e-mail _____

Name of Employer _____ Position _____

Business Telephone _____

Parent #1 Adjusted Gross Income: \$ _____

(Attach copy of first two pages of most recent federal income tax returns)

PARENT #2 NAME _____ **Occupation** _____

Home address, phone number & e-mail _____

Name of Employer _____ Position _____

Business Telephone _____

Parent #2 Adjusted Gross Income \$ _____

(Attach copy of first two pages of most recent federal income tax returns)

Please explain the need for a scholarship

Camp child will be attending _____ Dates of camp session _____

Cost of camp \$ _____

How much can parents/other family pay toward camp expenses? \$ _____

Funding request from JFS \$ _____

Please check all that apply:

I have applied to the camp for financial aid (a requirement for JFS funding).

I have applied for the *One Happy Camper First Year Incentive Grant* offered through the Federation, Beth David Synagogue, and Temple Emanuel at www.onehappycamper.org since this is my child's first time at overnight camp. (\$1250 for approved camps over 18 days long. \$875 for camps 12-18 days.)

If your child is attending Camp Judaea, the *Stanley Shavitz Camp Judaea Camper Incentive Grant* provides an additional \$1000 the first year and \$500 for the second year.

For other camps, the Fischer Send-A-Kid to Overnight Jewish Camp Incentive Grant Fund provides an additional \$1000 the first year for camps greater than 18 days and \$500 for camps 12-18 days. The second year amounts are \$500 if the camp is greater than 18 days and \$250 for camps 12-18 days.

For One Happy Camper, Shavitz and Fischer Funds, contact Carly Dunno, 336-852-5433, ext. 243 or cdunno@shalomgreensboro.org

I have spoken with my Rabbi regarding assistance.

Our goal is to assist families who want a Jewish overnight summer camp experience for their children. The information requested in this application is designed solely to assist in this process and all information is held in strict confidence. We ask families to be discreet regarding their award.

JFS requests your permission to speak with the appropriate camp staff and with the Rabbis in our community to create a viable financial aid package for your child. It is a requirement that families who receive camp financial aid from Jewish Family Services make a contribution to the Federation annual campaign of any amount in this current campaign year.

____ I give JFS permission to talk with appropriate camp staff and to our Rabbi.

____ I have contributed to this year's annual campaign and am a member in good standing of the Greensboro Jewish Federation and (By definition, all pledges from the current and prior campaigns must have been paid.)

____ To the best of my knowledge, all information reported here is complete and correct.

Signature of Parent/Guardian

Date: