



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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

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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](http://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 Maya Gurfinkel, (336) 852-5433, ext. 243 or [mgurfinkel@shalomgreensboro.org](mailto:mgurfinkel@shalomgreensboro.org)

\_\_\_\_\_ I have spoken with my Rabbi regarding assistance.

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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 (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: