

**JEWISH FAMILY SERVICES**  
**CAMP SCHOLARSHIP APPLICATION**

**APPLICATION DEADLINE IS THE LAST DAY OF FEBRUARY**

Please return to: Jewish Family Services at 5509-C W. Friendly Ave. Greensboro, NC 27410  
Attention: Alicia Kaplan, or [akaplan@shalomgreensboro.org](mailto:akaplan@shalomgreensboro.org) or fax: (336) 852-4346.

Date \_\_\_\_\_

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name of school camper attends \_\_\_\_\_ Current Grade \_\_\_\_\_

How is camper involved in Jewish life? \_\_\_\_\_

\_\_\_\_\_

Please list camp name(s) and date(s) camper has attended previously \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received a scholarship from JFS before? \_\_\_ Yes \_\_\_ No

Are you affiliated with a congregation \_\_\_ Yes \_\_\_ No Name \_\_\_\_\_

Number of years of religious school attendance \_\_\_\_\_

Parent(s)/ Guardian(s), please describe your reasons for wanting your child to attend a Jewish camp:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Parents Are: \_\_\_ Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Remarried  
If parents are divorced, who has custody?

\_\_\_\_\_  
Does someone else other than the parents have custody/guardianship (Name/relationship)?  
\_\_\_\_\_

Does applicant have siblings? \_\_\_\_\_

Sibling(s) Name	Age	School	Attending camp this summer? (include camp name)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT/GUARDIAN #1**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home address: \_\_\_\_\_  
phone number & e-mail: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Position \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Parent/Guardian #1 Adjusted Gross Income: \$ \_\_\_\_\_

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

**PARENT/GUARDIAN #2**

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home address: \_\_\_\_\_  
phone number & e-mail: \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Position \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Parent/Guardian #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/guardian/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 Greensboro Jewish 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 Nichol Walters, (336) 852-5433, ext. 243 or [nwalters@shalomgreensboro.org](mailto:nwalters@shalomgreensboro.org) for more information and availability.

\_\_\_\_\_ 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.

Jewish Family Services 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 contribute to the Greensboro Jewish 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