

**Greensboro Jewish Federation**  
**2<sup>nd</sup> Year Camp Grant Application**

Please return completed application to: Greensboro Jewish Federation Attn: Carly Dunno  
5509-C W. Friendly Ave. Greensboro, NC 27410  
Or email as an attachment: [cdunno@shalomgreensboro.org](mailto:cdunno@shalomgreensboro.org)  
For questions: contact Carly Dunno 336-852-5433 Ext. 243

Date \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you received a camp grant from Greensboro Jewish Federation before? \_\_\_\_\_

Camp child will be attending \_\_\_\_\_

Dates of camp session \_\_\_\_\_

Are you affiliated with a congregation? \_\_\_\_\_ Name \_\_\_\_\_

**PARENT #1 NAME** \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**PARENT #2 NAME** \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Please **check all that apply** and **explain if you have NOT accessed this resource**.

\_\_\_\_\_ I have previously 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).

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

For other approved camps, the Fischer Send-A-Kid to Overnight Jewish Camp Incentive Grant Fund provides second year grants of \$500 if the camp is greater than 18 days and \$250 for camps 12-18 days.

---

\_\_\_\_\_ I give GJF permission to talk with appropriate camp staff regarding camper enrollment.

\_\_\_\_\_ 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:

Please return completed application to: Greensboro Jewish Federation Attn: Carly Dunno  
5509-C W. Friendly Ave. Greensboro, NC 27410  
Or email as an attachment: [cdunno@shalomgreensboro.org](mailto:cdunno@shalomgreensboro.org)  
For questions: contact Carly Dunno 336-852-5433 Ext. 243