

Jewish Overnight Camp Subsidy Application

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Jewish Federation & Foundation
OF GREATER TOLEDO

E.M.O.J.I.
Experience a memorable
overnight Jewish initiative



For Internal Use Only

Approved by: _____ Processed by: _____
Amount of grant: \$ _____ Account #: _____
Date: _____ Check Number: _____

All requested information must be provided before application can be processed.

Participant Information:

Name: _____ Date of birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this the camper's first overnight Jewish camp experience?

If no, where? _____ Years attended: _____

School/School District: _____ Grade entering in Fall: _____

Are you affiliated with a congregation? _____ If yes, where? _____

Does this camper attend religious school? _____ If yes, where? _____

Parent(s)/Guardian Information: (Custodial: Mother Father)

Mother's Name: _____ Mother's phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Father's phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's E-mail: _____ Mother's E-mail: _____

I do NOT want to use my child's Jewish Experience Fund?

I understand by doing so, I will be responsible for an additional amount due, up to \$1000

Name of Camp Attending: _____

Address of Camp: _____

Website of Camp: _____

Dates of camp: Start: _____ End: _____ Length of Session: _____

Name of Session: _____

Did you apply for financial assistance from the camp?

By signing below, I certify that the above information is correct, we have applied to the overnight Jewish Camp stated above, and I agree to be in good standing with a current pledge and no unpaid gifts to the annual Jewish Federation of Greater Toledo campaign.

Parent(s)/Guardian Signature(s):

Date _____

Date _____

To make a donation or to discuss your gift to the annual campaign, please contact Wendy@jewishtoledo.org or 419-724-0360