



Jewish Federation & Foundation of Greater Toledo's E.M.O.J.I. SCHOLARSHIP APPLICATION

Application deadline 2/1/2024

The Jewish Federation & Foundations EMOJI program seeks to help as many Jewish youth as possible to have meaningful Jewish overnight camp experiences. Jewish summer camp helps campers connect to their own Jewish identity and the larger community. The importance of Jewish camp is beyond measure and that is why the Jewish Federation of Greater Toledo made EMOJI funding possible through the long-term community needs fund and the Jewish experience fund. Over \$70,000 was invested in sending 37 campers to camp in summer 2023.

First time camp families will pay \$250 per child**. Second time EMOJI applicants will pay 25% of the balance remaining (plus any additional fees) per child. Third time EMOJI applicants will pay 50% of the balance remaining (plus any additional fees) per child. Fourth and beyond EMOJI applicants will pay 75% of the balance remaining (plus any additional fees) per child. ****EMOJI Scholarships are limited to one session per camper with a maximum contribution of \$3000 per child through EMOJI.** Scholarships will be paid directly to the camp in the name of the child(ren).

Eligibility requirements:

1. Camper(s) must be under the age of 17 as of June 1, 2024
2. Camp session must be 10 days or longer.
3. Camper(s) must reside in Lucas, Wood, Ottawa, Hancock, Defiance and Fulton counties (OH) or the southern half of Monroe and Lenawee counties (MI).
4. Camper(s) must be enrolled in a non-profit Jewish overnight camp. Pre-approved camps include Goldman Union Camp Institute, Camp Tamarack, Camp Wise, Camp Gan Israel Detroit, and Camp Tavor.
 - a. For profit Jewish overnight camps must have a non-profit affiliate that can accept charitable contributions on behalf of the camp and without cost to Jewish Federation of Greater Toledo.
 - b. Camps not listed above must be approved for the EMOJI program prior to application.
5. Camper(s) must register for the early registration discount.
6. Family must register camper(s) and apply for scholarship through participating camp (if applicable) prior to applying for the EMOJI scholarship.
7. Family must apply for scholarship through their local congregation (if a current member).
8. Families of first-time campers must apply for "PJ Goes to Camp"
 - a. www.pjlibrary.org/beyond-books/pj-goes-to-camp
9. All households are required to make a meaningful gift to the Jewish federation's annual campaign and have no unpaid past pledges to be considered for the EMOJI scholarship. Please contact Wendy Goldstein at wendy@jewishtoledo.org or 419-724-0360 to discuss and make your gift.

If applicants do not apply for above mentioned outside funding sources, they will be responsible for:

- Up to \$500 for early registration discounts (fee dependent on individual camp)
- Up to \$1000 for congregational funding scholarships.
- Up to \$1500 for aid from individual camps.
- Up to \$1000 for first time campers "PJ Goes to Camp" scholarship.

If applicants apply are ineligible for aid from camp, are not Congregational members, or denied external funding, additional fees will not apply.

If additional funding is needed to send your child to camp, please fill out the attached confidential needs-based application form

Completed applications should be emailed to hallie@jewishtoledo.org or mailed to:

Jewish Federation of Greater Toledo
Attn: Hallie Freed
6465 Sylvania Avenue
Sylvania, OH 43560



Application must be fully completed for consideration.

CAMPER INFORMATION

Last Name _____	First Name _____
Address _____	
City _____	State _____ Zip _____
Birthdate _____ Current Age _____	
School _____ Grade fall 2023 _____	

PARENT INFORMATION

Parent 1 Name _____	Parent 1 Phone _____
Parent 1 Address _____	
Parent 1 Email _____	
Parent 2 Name _____	Parent 2 Phone _____
Parent 2 Address _____	
Parent 2 Email _____	
Relationship status _____ Custodial Parent _____	

LOCAL AFFILIATIONS

B'nai Israel _____ Etz Chayim _____ Temple Shomer Emunim _____ Chabad House _____ No affiliation _____
Does this camper attend religious school? _____ If so, where? _____

CAMP INFORMATION

Camp Name _____	First time camper? _____
Address _____	
Session name _____	Total length of camp _____
Session start date _____	Session end date _____ Prior # of years at camp _____

FOR OFFICE USE ONLY					
DATE RECEIVED _____	BY _____	CONG. _____	PJ _____	CAMP _____	
JEF \$ _____	TJCF \$ _____	CHECK # _____	DATE _____	PARENT \$ _____	



EMOJI Application Checklist

TASK	Date	Confirmation sent?
Apply to camp early!		
Apply to camp for aid		
Apply to congregation		
Apply to PJ Goes to Camp (If applicable)		
Turn in EMOJI application		

Questions about the program or your application?
Please contact:

Hallie Freed
Vice President, Innovations, Programs, and Services
419-724-0362
Hallie@jewishtoledo.org



Jewish Federation & Foundation of Greater Toledo
Application for Jewish Summer Camp Financial Assistance

Name(s) of Camper(s):	Age	Grade (Fall 2023)	Birthdate	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Financial Data (including income of all household members):

Parents Marital Status (*Please circle one*): Married Divorced Widowed Separated Single

Applicant's Name _____ Co-Applicant's Name _____

Address _____ Address _____

City, State ZIP _____ City, State ZIP _____

Phone _____ Phone _____

Email _____ Email _____

Employed? Y / N, Where? _____ Employed? Y / N, Where? _____

Salary (*Monthly Gross*) _____ Salary (*Monthly Gross*) _____

Other Sources of Income:

Child Support \$ _____
Alimony \$ _____
Unemployment \$ _____
Workman's Comp \$ _____
Interest/Dividends \$ _____
Social Security \$ _____
Pensions \$ _____
Food Assist. Benefits \$ _____
Aid to dependent Children \$ _____
TOTAL \$ _____

Monthly Expenses:

<i>Circle one</i>	OWN	RENT		
	Mortgage/Rent	\$ _____	Debt	\$ _____
	Utilities	\$ _____	OTHER	\$ _____
	Food	\$ _____	Synagogue Affiliation	\$ _____
	Household Expenses	\$ _____	TOTAL	\$ _____
	Insurance	\$ _____		
	Medical	\$ _____		
	Other Household	\$ _____		
	Education Expenses	\$ _____		

Total my family is able to pay for my child to attend summer camp \$ _____. Do you have any other sources of income? _____ If so, please state source & amount _____.

In order to fully understand your financial situation, please attach a letter explaining extenuation circumstances which you feel would be helpful in evaluating eligibility.

I declare that the information provided herein, to the best of my knowledge, is true, correct and complete.

Signed _____ Date _____

Send confidential financial aid application to:

Ben Malczewski
VP Senior, Family, and Social Services
6505 Sylvania Ave
Sylvania, OH 43560

ben@jewishtoledo.org
419-724-0408