



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.

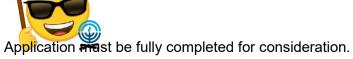
If applicants do not apply for above mentioned outside funding sources, they will be responsible for:

- 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





CAMPER INFORMATION

Last Name	First Name						
Address							
City			· · · · · · · · · · · · · · · · · · ·				
Birthdate		Current Age					
School		Grade fall 202	3				
PARENT INFORMATION							
Parent 1 Name		Parent 1 Phone					
Parent 1 Address							
Parent 1 Email							
Parent 2 Name							
Parent 2 Address							
Parent 2 Email							
	Custodial Parent						
LOCAL AFFILIATIONS							
B'nai Israel Etz Chayim	Temple Shomer Emunim	Chabad House	_ No affiliation				
Does this camper attend religiou	s school?	If so, where?					
CAMP INFORMATION							
Camp Name		First time c	amper?				
Address							
Session name	Session name Total length of camp						
Session start date	_ Session end date	Prior # of y	years at camp				
FOR OFFICE USE ONLY							
DATE RECEIVED BY							
JEF \$ TJCF \$	CHECK # DATE	E 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 (<i>Please circle one</i>): M	arried Divorced W	idowed Separated	Single					
Applicant's Name	Co-Ap	oplicant's Name						
Address		Address						
City, State ZIP		City, State ZIP						
Phone	Phone	e						
Email	Email							
Employed? <u>Y / N</u> , Where?	Emplo	oyed? <u>Y / N</u> , Where? _						
Salary (<i>Monthly Gross</i>)	Salary	(Monthly Gross)						
Other Sources of Income:	Monthly Expenses:							
Child Support \$	Circle one O	WN RENT						
Alimony \$	Mortgage/l	Rent \$	_ Debt	\$	_			
Unemployment \$	Utilities	\$	_ OTHER	\$	_			
Workman's Comp\$	Food	\$	_ Synagogue Affiliation	\$	_			
Interest/Dividends \$	Household Expense	es \$	_ TOTAL	\$	_			
Social Security \$	Insurance	\$	_					
Pensions \$	Medical	\$						
Food Assist. Benefits \$ Aid to dependent Children \$		sehold \$	_					
TOTAL \$	Education Expense	s \$	_					
·	to attend summer camp \$ Do you have any other sources of							
income? If so, please state source			50 ,00					
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 here	in, to the best of my l	knowledge, is true, c	correct and complete.					
Signed		Date						
Send confidential financial aid application to:								
Ben Malczewski ben@jewishtoledo.org VP Senior, Family, and Social Services 419-724-0408 6505 Sylvania Ave Sylvania, OH 43560								