Jewish Federation & Foundation OF GREATER TOLEDO

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

Name(s) of Camper(s):	Age	Grade (Fall 2025)	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:

Circle one **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