



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

Application deadline 2/1/2023

Please answer all questions. Application must be fully completed for consideration.

Completed applications should be emailed to [hallie@jewishtoledo.org](mailto:hallie@jewishtoledo.org) or mailed to:  
Jewish Federation of Greater Toledo  
Attn: Hallie Freed  
6465 Sylvania Avenue  
Sylvania, OH 43560

Scholarships will be awarded to families raising Jewish children who are also residents of Lucas, Wood, Ottawa, Hancock, Defiance and Fulton counties (OH) and the southern half of Monroe and Lenawee counties (MI). **EMOJI Scholarships are limited to one session per camper with a maximum contribution of \$3000 from EMOJI for second year and beyond campers.**

All EMOJI applicants are **required** to register for a camp at the early registration discount rate **and** request funding from the following sources:

- Local congregation (if a current member)
- Selected Jewish overnight camp
- First time campers must apply to "PJ Goes to Camp" - [pjlibrary.org/beyond-books/pj-goes-to-camp](http://pjlibrary.org/beyond-books/pj-goes-to-camp)

Applicants must show proof of their application to the sources listed above by sharing any application confirmations to Hallie Freed at [hallie@jewishtoledo.org](mailto:hallie@jewishtoledo.org). 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 \$500 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 for and are denied external funding, additional fees will not apply.

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. All scholarships will be sent directly to camps on behalf of the child.

The EMOJI scholarship is awarded to all Jewish children. If additional funding is needed in order to send your child to camp, please fill out the attached confidential needs-based application form.

**Please note:** 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](mailto:wendy@jewishtoledo.org) or 419-724-0360 to discuss and make your gift.



## CAMPER INFORMATION

Last Name _____	First Name _____
Address _____	
City _____	State _____ Zip _____
Birthdate _____ Current Age _____	
School _____ Grade fall 2020 _____	

## 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

**TITLE**

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	\$ _____	<b>TOTAL</b>	\$ _____
	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