



Summer Camp/Israel Program Scholarship Application

The Jewish Federation of Las Vegas seeks to encourage Jewish children to attend Jewish resident summer camp, and meaningful travel and study programs in Israel.

Who May Apply

Any Jewish child ages 11 through 21, who is a current resident of Clark County, Nevada and has been a resident for a minimum of one continuous year.

Applicant must be a full time student, with a history of academic achievement.

Scholarship Awards

A maximum of \$500.00, per student for Jewish Resident Camps of one week or more.

A maximum of \$1,500.00, per student for Israel programs. **Awards for Israel programs will only be paid to an entity with a US Federal Employer ID number.**

Scholarship awards will be based upon the merit & achievements of the student applicant.

Scholarship award recipients will be notified by US Mail.

Deadline

Applications must be received in the Jewish Federation of Las Vegas office by March 31, 2015

LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Contact Information

If you have questions, please contact:

Tracy Aparicio

Phone: 732-0556

Email: tracy@jewishlasvegas.com



Instructions for Application Submission

Submit the completed application package as follows:

- Signed original of this Instruction Page
- Student Information Form and responses
- Parent/Guardian Information Form and responses
- Program/Financial Information Form
- Two letters of recommendation from a non-family member. Letters of recommendation must be submitted with the application and will not be accepted separately.
- A brochure or printed material from the camp or program that the applicant will be attending. Promotional materials must include a description of the camp or program and the related activities including the cost and/or tuition of the camp or program.

The application materials must be submitted in ONE PACKAGE. Late and/or incomplete application packages will not be considered.

It is the responsibility of the student applicant and their parents/guardians to ensure that all application materials are complete, correct and submitted as directed above. The Jewish Federation of Las Vegas is not responsible for incomplete, lost or misdirected materials.

The successful student applicant must agree to the following, if requested:

- Meet with Federation representatives prior to attending Camp/Israel program
- Write an informative account of the program, including it's importance and meaning to the participant, which may be disseminated and published by the Jewish Federation of Las Vegas.
- Allow publication of the scholarship and the participant's experience in the program.
- Meet with Federation representatives after attending the camp/program.

These criteria and instructions are for the use and guidance of the selection committee and do not confer any rights or expectations upon any applicant.

We agree to the terms of this application.

Student Applicant Signature

Date

Parent/Guardian Signature

Date



Student Information

Please print or type legibly

Name of Student: _____ Birthdate: _____
(Age must be 11 to 21)

Phone: _____ Email: _____

Address: _____
Street

City _____ State _____ Zip _____
(Please make sure address information is clear, as you will be notified by mail of any Scholarship awards)

School name: _____

Grade: _____ Academic Grade Point Average: _____

The following questions are to be answered by the student applicant. Please provide your typed answers on a separate page and include with your application. Please make sure that your name and phone number is at the top of each additional page submitted.

1. Tell us about yourself. What are your interests, hobbies, etc.? How do you spend your free time?
2. Have you received any honors, awards, special recognition, etc.?
3. Have you had a Bar/Bat Mitzvah ceremony and when? If not, are you currently studying towards your Bar/Bat Mitzvah?
4. Which Jewish camps, programs and/or activities have you attended? Please describe your experiences.
5. Have you worked for pay? Which jobs? For how long? Have you done any community service projects?
6. If you could have dinner with any person, living or dead, who would it be and why?

If you have any questions regarding this form, please contact:

Tracy Aparicio; Phone: 732-0556; Email: Tracy@jewishlasvegas.com



Program Information

Name of camp or program Applicant will be attending: _____

Address of camp/program: _____

Camp/Program contact person: _____

Phone number:() _____

Email _____

Length of program Applicant will be attending: _____

Please include a brochure or printed material from the camp or program that the applicant will be attending. Promotional materials must include a description of the camp/program and the related activities.

Financial Information

1. Complete Cost of Camp/Program your child will be attending. \$ _____ (1)

Please include all Camp fees and Tuition, Transportation and all incidental expenses.

2. Amount that you will be contributing to the Camp/Program. \$ _____ (2)

3. Other sources of financial assistance (please list source and amount):

Source	Amount
a. _____	\$ _____ (3a)
b. _____	\$ _____ (3b)
c. _____	\$ _____ (3c)
d. _____	\$ _____ (3d)

Total other Sources (add 3a +3b+3c+3d) \$ _____ (3)

Total Amount Requested - Line (1) less Line (2) less Line (3) \$ _____

Total Amount Requested should not exceed the \$500.00 maximum Scholarship award for day camps or \$1,500.00 maximum for programs in Israel.

List all other sources of financial assistance that have been applied for, but not awarded:

Name of Source	Amount Applied For
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Please note that the personal information provided herein is for the Scholarship Committee purposes only and will not be disclosed outside the committee.

For Selection Committee Use Only:

Student _____ + Parent _____ = Total _____

Notes: