Jewish Overnight Summer Camp Needs-Based Scholarship Application – Summer 2016

Application Due Date: November 20, 2015

Tampa Jewish Community Center & Federation 13009 Community Campus Drive Tampa, Florida 33625 Attention: Alissa Fischel, Director of Development	For questions, contact Ms. Fischel at 813.769.4726 or alissa.fischel@jewishtampa.com

Camper Information

Use this application for up to three children**. Use additional sheets of paper if needed and staple to application.**

	Camper 1	Camper 2	Camper 3
Child's First, Middle and Last Name			
Gender			
Date of Birth			
Age as of 6/1/16			
If you are a member: Name and address of synagogue/Temple affiliation, years of membership, and if on "dues adjustment," % of regular dues or equivalent.			
Attend religious school			
Member of synagogue youth group			
Private school name and address and denote % of tuition paid by scholarship, if any			
Public school name and address			
Have you ever attended a Jewish Overnight Summer Camp (If yes, which, where, when, and any scholarship funds received from any source (e.g., synagogue, foundation) and % of tuition			

Family Information

Parent 1/Legal Guardian Name_____ Date of Birth _____
Employer _____Occupation_____
Email _____ Phone (_____) _____
Home address _____
City _____State_____ ZIP _____
Marital Status – single/never married
married/partnered
divorced/separated, widowed
divorced/widowed and remarried
Number of Dependent Children _____
Number of Others Living in Household_____

Parent 2/ Legal Guardian Name_____ Date of Birth _____
Employer _____Occupation_____
Email _____ Phone (_____) _____

Marital Status – single/never married
married/partnered
divorced/separated, widowed
divorced/widowed and remarried

Number of Dependent Children _____
Number of Others Living in Household_____

Please enter this information only if it differs from Parent 1's home address
Home address _____

City _____State_____ ZIP _____

Child(ren) live(s) with: Parent 1 Parent 2 Both Parents Legal Guardian

Child(ren) is (are) legal dependents of: Parent 1
Parent 2
Both Parents
Legal Guardian

Special Needs Information

Do any of your children have any special needs? If so, do those special needs present extraordinary financial hardship for your family? Please explain. Attach an additional note, if necessary.

Financial Information

Completion of this section is mandatory. Incomplete applications will not be considered. Please provide actual amounts paid out-of-pocket in 2014 after deducting any scholarships and/or grants that were awarded. The Federation Summer Camp Scholarship Committee reserves the right to request more current information for the current year. **You must submit your 2014 federal income tax return with this application.**

Annual Income 2014

Adjusted Gross Income	$_____
Income attributable to other adults (filing separately) living in household	$_____
Child Support Income (only if not listed on Federal tax return)	$_____
Non-taxable income (e.g., Parsonage, SSI/SSD, Food Stamps, Survivor's Benefits, etc.)	$_____
Other Income (e.g., Gifts, pensions, etc.) Describe: _____	$_____

Annual Expenses 2014

Synagogue Membership Fees (actual costs after reductions)	$_____
Hebrew/Religious School Tuition (actual cost after discounts and scholarships)	$_____
Jewish Day School Tuition (actual cost after discounts and scholarships)	$_____
Other, Non-Jewish Private School Tuition (actual cost after discounts and scholarships)	$_____
Name of school(s):	
Child Support Paid (only if not listed on tax return)	$_____
Rent or Mortgage Payments (annual total)	$_____
Home Insurance and Property Taxes (annual total)	$_____
Utilities and Car Payments (annual total)	$_____

The Federation understands that the above does not reflect all household expenses incurred. Please use the following space (or an attached sheet) to provide other relevant (extraordinary) expenses or information, including amounts and nature.

2016 Camp Information - Please provide length of session and full tuition and fees, prior to any subsidies and scholarships for camp your child has plans to register for.

	Camper 1	Camper 2	Camper 3
Name of Camp Attending Address & Phone #			
Fly or Drive to Camp			
Number of Weeks			
Full Fee/Tuition			
Max amount you can pay per camper			
Deposit Paid			
Date Registered			
Previous Years Attended			
Scholarship funds applied for: from whom, amount, amount granted or expected			
If parent is on staff at camp, please list discount granted per camper			
If first time camper, have you applied to the One Happy Camper Program?			

What else is being planned for camper(s) this summer and estimated costs, not including any scholarships (travel, study, etc.)?

_____

Essay: In no more than 100 words, written in the handwriting of each camper (attach additional sheets as necessary), tell us why you want to attend Jewish overnight summer camp or what impact attending sleep away camp this past summer had on you.

Describe in detail the need or special circumstances which require you to make this scholarship request**. The committee takes this information largely into consideration when reviewing applications. Please be as descriptive as possible to help substantiate your case for need-based scholarship assistance.**

You may submit this form by email or postal mail using the contact information provided on the first page. **Please note that your submission will not be considered complete unless you include the relevant Federal tax return(s).** Please sign below where indicated. *Submission of this application constitutes your certification that the information contained herein is correct and complete to the best of your knowledge.*

_____ _____

Signature Parent/Legal Guardian No. 1 Date

_____ _____

Signature Parent/Legal Guardian No. 2 Date