



Jewish Federation
OF ST. JOSEPH VALLEY

**Camp Ideal, Jewish Resident Camp & Teen Israel Trip
CONFIDENTIAL SCHOLARSHIP APPLICATION FORM**

Phone: (574) 233-1164, Email: Lfagen@thejewishfed.org

Please fill out, sign, and return this form for eligible programs **by April 1, 2019.**

Dear Applicant,

We appreciate the work and effort involved in filling out this form. Please know we rely on this information to help insure equal consideration of all applicants. All information provided will be kept in the strictest of confidence. We thank you in advance for your understanding.

The Jewish Federation of St. Joseph Valley is committed to helping make Camp Ideal, Teen Israel Trips (student must be actively enrolled in high school during the trip) and Jewish Residential Summer Camp programs accessible to Jewish youth of all economic means.

However, due to limited scholarship funds, we can not guarantee that every applicant will receive a scholarship. Responsibility for assuring a Jewish camp experience for a child belongs first to the home and extended family, next to the congregation, and then to the camp or program, then finally to the Federation as representative of the larger Jewish family. Almost all camps and programs will be happy to structure payment schedules that may ease your ability to pay. We request basic information in order to calculate an appropriate financial aid award in the spirit of fairness and inclusion. Scholarships are not renewed automatically; new applications must be submitted each year. Additional information or a personal interview may be requested.

You must have completed the camp/program's registration process to be eligible for scholarship, as we cannot issue a scholarship to a program for which you are not registered.

Thank you again,

The Jewish Federation of St. Joseph Valley Board & Staff

Please answer all questions where applicable.

Today's Date _____

Parent (1) _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Occupation & Employer _____

Parent (2) _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Occupation & Employer _____

Current Federation Member? Yes No

Congregation Affiliation (if any) _____

Have you received a Federation scholarship before? Yes No

What type of program are you applying for?

Camp Ideal

Resident Camp (NAME) _____

Israel Trip (NAME) _____

Camp (Phone # & Website) _____

Trip (Phone# & Website) _____

FAMILY DATA

Marital Status:

Single Married Divorced Separated Widowed

Is a non-custodial parent responsible for payment of camp/trip fees?

Yes No

Name of Each Child
Living With You

DOB

Grade (next fall)

Attending a Jewish Camp
or/Israel trip?

_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list any other adults living in your home for which you are financially responsible and your relationship to them.

If you have any school/educational (including college or university) out-of-pocket expenses for any family members for summer programs, year-round schooling, or other use please list the source and amount.

Please list the amount you are requesting from the Federation as well as Synagogue , family, or other source you have contacted or may be able to contact for assistance in paying tuition, and the amount that the source has made/may make available. **Families are required to contact their congregation for scholarship assistance in addition to requesting support from the Federation.** We understand that you may not yet be aware of other award information from other sources, please provide this information to us when it becomes available. Please do not delay this scholarship form while waiting for other agencies to make a decision.

Cost of Program (after any discounts you may have received) \$ _____	Requesting/Receiving from Congregation \$ _____
Amount of You Can/Will Pay \$ _____	Scholarship Request from the Federation \$ _____
Other Sources of Aid (please provide both the amount and the type of source)	
_____ \$ _____	_____ \$ _____
Type Amount	Type Amount

Please note, the total should be equal to, or greater than, the total tuition for all campers for whom you are requesting scholarship.

Please list the sources and amount of any financial or other economic assistance your family receives from relatives, friends, government agencies, or organizations that is not included above.

Do you own your own residence? Yes No

a. If yes,

Purchase year: _____ Cost: \$ _____ Mortgage Balance: \$ _____

Monthly Condo/Home Owners Association Fee \$ _____

Monthly mortgage payment: \$ _____ Annual real estate taxes: \$ _____

b. If no, do you rent a(n): apartment house Monthly rent: \$ _____

Enter amount of income earned through employment by:

a. Parent 1 \$ _____

b. Parent 2 \$ _____

Self-Employment or Business Income \$ _____

Enter any other taxable income \$ _____

Enter all non-taxable income (Social Security, child support, welfare, aid to dependent children)

\$ _____

TOTAL OF ALL INCOME \$ _____

MONTHLY EXPENSES

To obtain a fair estimate of your financial situation list your average monthly expenses:

Rent/Mortgage_____ Phone and Utilities_____

Credit Card Payments_____ Medical Expenses_____

Car Payment/Gas/Oil/Repair Maintenance _____

Other (specify)_____

List any other factors we should consider in evaluating your application

Remember, you must have completed the camp/program’s registration process to be eligible for scholarship. We cannot issue a scholarship to a program for which you are not registered. Any scholarship received will be paid directly to the camp/program agency.

Sign and date the application and return it to:

**Jewish Federation of St. Joseph Valley
ATTN: Lizzie Fagen, JFS Director
3202 Shalom Way
South Bend, IN 46615**

I DECLARE THAT THE INFORMATION CONTAINED IN THIS FORM, TO THE BEST OF MY KNOWLEDGE, IS CORRECT AND COMPLETE. I UNDERSTAND THAT ANY GRANT AWARDED WILL BE REVOKED IN THE EVENT OF A MISREPRESENTATION OR MY FAILURE TO FOLLOW ALL THE TERMS AS AGREED UPON IN THE FINAL OFFER. I FURTHER UNDERSTAND THAT, IF THE GRANT IS REVOKED AND SERVICES HAVE ALREADY BEEN RENDERED, THE FULL AMOUNT OF FEES WILL BE MY RESPONSIBILITY.

Date

Signature of Applicant

For more information, call us at **574-233-1164** or e-mail lfagen@thejewishfed.org