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1



THE FOUNDATION
Jewish Communities of Western CT, Inc.

Camp Scholarship Application and Instructions

The Foundation, Jewish Communities of Western CT, Inc.
is pleased to award scholarships for children to attend Jewish summer camp.

In order to be considered for an award, the applicant must:

- Be under the age of 18 years old
- Reside in the Federation's service area (see list of towns in the Chavurah)
- Demonstrate a commitment to the Jewish Community and to Jewish learning
- Show financial need

The Foundation's Grants and Allocations Committee makes award decisions.
Applicants are discouraged from contacting any member of the scholarship committee regarding his/her application.

The attached application, along with the financial information sheet and one letter of recommendation, must be received by April 1, 2010. Decisions will be made by early May. Only complete applications received by the due date will be reviewed.

Please send only completed applications including the financial information sheet and letter of recommendation in one package to:
Donna Albertario at
The Foundation Jewish Communities of Western CT, Inc.
444 Main Street North, Southbury, CT 06488

For further information contact Donna Albertario at 203-267-3177, ext. 108.

Which camp do you plan to attend?

3

Is this camp a Day Camp? Overnight Camp?

When are you planning to attend camp (first date through last date)? _____

What is the total cost of the camp? _____ Amount of your request: _____

Do you expect to receive any additional stipends, scholarships or other monies to help finance this camp? If yes, please explain. _____

Have you ever attended camp before? If yes, list the camp names and dates you attended:

In one or two paragraphs, in the space below, tell us why you feel you should be considered for this award:

Your Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

**Foundation, Jewish Communities of Western CT, Inc.
Camp Scholarship**

Confidential Financial Information

Please note that all information on this sheet will be held in the strictest confidence.

Name of Applicant: _____

Father's Name: _____

Father's Employer: _____ Job Title: _____

Mother's Name: _____

Mother's Employer: _____ Job Title: _____

List parents' dependents and their ages:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Gross Family Income:

- ___ Below \$15,000
- ___ \$15,001-\$25,000
- ___ over \$125,000
- ___ \$25,001-\$40,000
- ___ \$40,001-\$60,000
- ___ \$60,001-\$75,000
- ___ \$75,000 -\$125,000

Use the space below to provide any addition information concerning your financial need:

Parent's Signature: _____ Date: _____