



**Jewish Federation on Greater St. Paul  
Jewish Summer Camp Scholarship Application**

*Families: Please feel free to use this form for multiple campers.*

***Camp Scholarship deadline is March 31, 2016.***

***Please note: Families of scholarship applicants must have a pledge to the current Jewish Federation annual campaign and resolve any past due pledges with the Campaign Director.***

**Camper Information**

Name and birth date of Camper #1 \_\_\_\_\_

Schools attended: \_\_\_\_\_

Attended camp before? If so, list camp, dates of attendance, and length of session(s):

\_\_\_\_\_

St. Paul Jewish community involvement:

\_\_\_\_\_

Name and birth date of Camper #2 \_\_\_\_\_

Schools attended: \_\_\_\_\_

Attended camp before? If so, list camp, dates of attendance, and length of session(s):

\_\_\_\_\_

St. Paul Jewish community involvement:

\_\_\_\_\_

Name and birth date of Camper #3 \_\_\_\_\_

Schools attended:

**Family Information**

Parent/Guardian 1:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Best way to contact this person \_\_\_\_\_ (phone, e-mail, etc)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Best way to contact this person \_\_\_\_\_ (phone, e-mail, etc)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of people in household \_\_\_\_\_ Number of dependent children \_\_\_\_\_

Synagogue affiliation, if applicable: \_\_\_\_\_

**Camp Information (you **must** attach a copy, e-mail [spesses@stpaulfed.org](mailto:spesses@stpaulfed.org) or fax (651)690-0228 the camp invoice before your application can be processed)**

**Camper #1**

\_\_\_\_\_  
Name of Camp

\_\_\_\_\_  
Camp Address City State Zip

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Camp Address	City	State	Zip
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Camp Phone Number(s)

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Session Name	Number of Weeks
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### Camper #3

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Name of Camp

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Camp Address	City	State	Zip
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Camp Phone Number(s)

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Session Name	Number of Weeks
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### Financial Information

Note from the Scholarship Committee: The quality of the information that you provide ensures the equitable allocation of funds to those campers who need it most. This allows the allocation process to meet both your expectation of fairness, but also that of the Federation donor community of St. Paul, who generously make these scholarships possible.

Please provide the financial information requested below. We ask that you **do not send** us tax documents, although we reserve the right to request them if deemed necessary.

Total camp cost: \_\_\_\_\_ Financial aid requested from Federation: \_\_\_\_\_

Other scholarships: \_\_\_\_\_ Balance to be paid by family: \_\_\_\_\_

Combined Family Earned Income (If divorced, income of both parents. Include all forms of income):

\$20,000 or less	\$20,000 - 40,000	\$40,000 - 60,000	\$60,000 - 80,000
	\$80,000 – 100,000		Over \$100,000

Please list other sources of income which have been reported on your most recent tax return (i.e. bank interest, rental income, income from stocks and bonds, etc.):

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Please include other sources of financial aid for which you have applied for each child.  
*We encourage you to contact your synagogue and the camp for additional aid.*

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**Signature of Parent**

**Date**

Please email to [spesses@stpaulfed.org](mailto:spesses@stpaulfed.org) or mail to:  
Camp Scholarships, Jewish Federation of Greater St. Paul  
790 S. Cleveland Ave., Suite 227  
St. Paul, MN 55116  
Phone: 651-690-1707 Fax: 651-690-0228