

# Arts Camp Scholarship Fund

Name of Camper: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_

Parent's Marital Status (Please check one):

- Married  Single  Separated  Divorced  Widowed  Remarried

Please list household dependents (other than the applicant) \_\_\_\_\_

If parents are divorced, who has custody? \_\_\_\_\_

## Finances:

1. Are you requesting financial assistance for your child's Arts?

Yes \_\_\_

No \_\_\_

2. If not for financial assistance, where would your child go to camp?

Public Camp \_\_\_

Private Camp \_\_\_ Please specify \_\_\_\_\_

Stay Home \_\_\_

3. Monthly Mortgage \$ \_\_\_\_\_

4. Rental Amount \$ \_\_\_\_\_

5. Other (Please specify) \$ \_\_\_\_\_

## 6. Automobiles

Make & Model	Year	Monthly Payment
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

7. Does your total monthly payment exceed more than 70% of your total household income?

Yes \_\_\_

No \_\_\_

8. How much can you afford to pay per week for summer camp? \_\_\_\_\_

9. Do you receive any financial help from any other organization or government programs?

Yes \_\_\_ Please specify \_\_\_\_\_

No \_\_\_

Dear Committee:

I attest that the information on this assistance application is, to the best of my knowledge, accurate and reliable. I understand that these funds are provided for the Jewish Camp of the Arts. Should my child's (children's) summer camp plans change, I understand that the grant for the Jewish Camp of the Arts will be returned to be used for others in need. I also understand that the Scholarship Committee may require additional information and/or documents that pertain to my financial situation in order to complete my request for financial aid.

As a parent or guardian of the applicant, I have read the application of the Camp Scholarship Program and have completed the application honestly. I understand the nature of the program and wish to have my child participate.

Parent or Guardian's Signature: \_\_\_\_\_

This application will be kept in the strictest of confidence; families requesting assistance are bound to the same confidentiality.