January 2020

Dear Parent,

The Joan and Ben Zinbarg – Schoke Jewish Family Service Camp Scholarship Program was created to assist families who cannot afford to send their children to a Jewish sleep-away or day camp program without some financial assistance. It is open to Jewish youngsters living in the Greater Stamford and Upper Fairfield County areas.

The application is available on the SJFS website – [www.ctjfs.org](http://www.ctjfs.org). You may download the application, fill it out completely and return it to the Schoke Jewish Family Service office by mail along with the attachments listed below. The deadline for applications is Monday, March 9, 2020. Please note that if you are applying for summer travel programs to Israel, your application will be reviewed and, should funds remain available, be considered for scholarship assistance.

There is an application fee of $18 for the first child and $10 for each additional applicant – not to exceed $36 per family.

I would like to remind you that all applications must be COMPLETE in order to be considered. A copy of the first two pages of your 2019 federal tax return, as well as your 2019 state tax return, must be enclosed. If your 2019 tax returns are not yet competed, please attach your 2018 returns and send 2019 returns as soon as available. Please take the time to review all forms before you return them to our office. As we will be making award notifications via email, please be sure to include your email address.

Note that your child must be entering first grade or above in September 2020 to qualify. If you have any questions, please call Maria McNulty at the Schoke Jewish Family Service office at 203-921-4161.

Those families participating in the Camp Scholarship Program are asked to share their summer experience with Schoke Jewish Family Service upon their return from camp. It is important for us to know how this program has been meaningful to the campers who attend the many Jewish camps available to them.

Thank you.

Sincerely,

Judith Katz
Camp Scholarship Committee Chair
Encl.

*Funded in part by the United Jewish Federation of Stamford, New Canaan and Darien and the Federation for Jewish Philanthropy of Upper Fairfield County.*
APPLICATION
(Due by deadline of March 9, 2020)

Name of Applicant _________________________________________ Date of Birth __________________
Address ___________________________________________________ Home Phone __________________
City or Town ___________________________________________________ Zip __________________
School Attending ________________________________________Grade _________ Age _________
Synagogue Affiliation* __________________________________________________________________
Jewish Education* _____________________________________________________________________
Name of Camp: ___________________________ Cost of Camp: ___________________________
Camp Address: ______________________________________Number of Weeks: _____________________
(WINTER) ______________________________________
Camp Phone numbers: Winter __________________________ Summer ___________________________
Previous Camp Experience* (please note name of camp and dates) __________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Tell us why you want to go to camp this summer:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

*Not required to be eligible for consideration.

PLEASE USE OTHER SIDE OF FORM TO PROVIDE ADDITIONAL INFORMATION.
Schoke Jewish Family Service
Financial Information 2019-2020

Confidential

Name of Applicant _____________________________________________________________________

Father’s Name_______________________________Phone (if different) _________________________

Address (if different)_________________________________________Cell Phone __________________

Occupation__________________Employer__________________________Annual Salary___________

Mother’s Name______________________________Phone (if different) __________________________

Address (if different) ________________________________________Cell Phone _________________

Occupation__________________Employer__________________________Annual Salary___________

Are the applicant’s parents: ____married ____separated ____divorced ____widowed ____remarried

Custodial Parent (if applicable) ___________________________________________________________

EMAIL ADDRESS: _____________________________________________________________ (required)

GROSS FAMILY INCOME REPORTED FOR TAX YEAR ENDING 2019** ___________________________

NET INCOME FOR YEAR ENDING 2019 __________________________

Check:   _____Own home?                            Mortgage payment per month   __________________

_____Rent?                                      Monthly rent    __________________

Make and year of each auto owned/ leased _____________________________________________

TOTAL MONTHLY EXPENSES  __________________________________
(rent / mortgage, food, insurance, car, tuition, etc.)

Do you receive child support? ________   If so, how much?     ____________

Do you receive alimony? ________   If so, how much?     ____________

Do you have any other sources of income?  _______________

If so, from where? ________________________________________  How much? __________________

If applicable, will the non-custodial parent assist in paying camp costs?  _________________________

If so, how much will they provide?  _______________________________

Do you receive Worker’s Compensation and/or Unemployment______? If so, how much? _________

Social Security and/or Pension?  ___________________________ If so, how much?              ____________

Title 19 or welfare?   Yes ______ No _______          If so, how much?  _______________
What is the scholarship amount you are requesting? ________________________________________

How much have you budgeted for camp? ________________________________________________

Will you receive financial assistance from the camp? ____________ If so, how much? _____________

Are you applying to your synagogue, Federation or other agency/organization in Fairfield County for assistance? Yes _____ No ______

To whom and for how much? ___________________________________________________________

Please state reasons why you have requested this scholarship. Please include any significant expenses and approximate dollar amounts being incurred by your family which contribute to the need for the scholarship. Please do not list medical expenses which are covered by insurance. __________________________________________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Names and ages of individuals dependent on family income (other than applicant’s parent/s):

1.________________________________ 4._________________________________
2.________________________________ 5._________________________________
3. ________________________________ 6._________________________________

**PLEASE ATTACH A COPY OF THE FIRST TWO PAGES OF YOUR 2019 TAX RETURNS (FEDERAL AND STATE)**

We review all applications on an individual basis and take into account all information received. THIS APPLICATION WILL BE KEPT COMPLETELY CONFIDENTIAL.

Failure to fully complete this application and required attachments may result in a delay in processing your application.

BY SIGNING THIS APPLICATION, I (WE) HEREBY CERTIFY THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT, AND HONESTLY REFLECTS MY (OUR) FINANCIAL CONDITION.

MY SIGNATURE ON THIS FORM GIVES PERMISSION TO SJFS TO CONTACT ANY OTHER SOURCES OF CAMP ASSISTANCE.

Signed ___________________________ Date ___________________________

** Verification or additional details may be requested.