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January 2021

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 below must be filled out completely and returned to the Schoke Jewish Family Service office by mail or email to Maria McNulty at mmcnulty@ctjfs.org along with the required attachments. **The deadline for applications is Thursday, April 15, 2021.** 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 2020 federal tax return, as well as your 2020 state tax return, must be enclosed.** If your 2020 tax returns are not yet completed, please attach your 2019 returns and send 2020 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 2021 to qualify. If you have any questions, please contact Maria McNulty at the Schoke Jewish Family Service office at 203-921-4161 or mmcnulty@ctjfs.org.

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

Funded in part by the United Jewish Federation of Stamford, New Canaan and Darien and the Federation for Jewish Philanthropy of Upper Fairfield County.

**Joan and Ben Zinbarg – Schoke Jewish Family Service
Camp Scholarship Program**

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**APPLICATION
(Due by deadline of April 15, 2021)**

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 2020-2021**

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 2020** _____

NET INCOME FOR YEAR ENDING 2020 _____

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 2020 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.