

January 2023

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 Erika Gadson at erikag@ctjfs.org along with the required attachments. **The deadline for applications is Friday, April 14, 2023.** 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.

We would like to remind you that all applications must be **COMPLETE** in order to be considered. Applications that are not fully complete will not be considered this year. Over the past few years, we have seen an increase in both applicants and the funds requested by those applicants. Because of limited funding this year, families that submit their applications on time and demonstrate the greatest need will receive priority from the Zinbarg – SJFS Camp Scholarship Program.

Additionally, please be sure to avail yourselves of other scholarship opportunities such as those provided by your local JCC, the One Happy Camper program funded by PJ Library (for first-time attendees of Jewish sleepaway camps), or your local synagogue. Often times there are discretionary funds set up by local Jewish institutions that may also be able to provide tuition assistance for summer camp.

Applicants are strongly encouraged to type up their applications. If you do not have access to a computer, please be sure to complete the application neatly and legibly. A copy of the **first two pages of your 2022 federal tax return, as well as your 2022 state tax return, must be enclosed.** If your 2022 tax returns are not yet completed, please attach your 2021 returns and send 2022 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 2023 to qualify. If you have any questions, please contact Erika Gadson at the Schoke Jewish Family Service office at 203-921-4161 or erikag@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,

David Brand and Adam Batkin
Camp Scholarship Committee Co-Chairs

*Funded in part by the United Jewish Federation of Stamford, New Canaan and Darien and
the Jewish Federation of Greater Fairfield County.*

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

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the Jewish Federation of Greater Fairfield County.*

APPLICATION

(Due by deadline of April 14, 2023)

Name of Applicant _____ Date of Birth _____

Address _____

City _____ State _____ 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 2022-2023
Confidential**

Name of Applicant _____

Father's Name _____

Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Annual Salary \$ _____

Employer _____

Mother's Name _____

Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Occupation _____ Annual Salary \$ _____

Employer _____

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 2021** \$ _____

NET INCOME FOR YEAR ENDING 2021 \$ _____

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? Yes No If so, how much? _____

Do you receive alimony? Yes No If so, how much? _____

Do you have any other sources of income? Yes No

If so, from where? _____ How much? _____

If applicable, will the non-custodial parent assist in paying camp costs? Yes No

If so, how much will they provide? _____

Do you receive Worker's Compensation and/or Unemployment? Yes No

If so, how much? _____

Social Security and/or Pension? Yes No 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? Yes No If so, how much? _____

Do you belong to a JCC (or similar type community center), pool/swim club, country club, etc.? Yes No

Name of JCC, pool/swim club, country club, etc.: _____

If so, what are the annual dues for that membership? _____

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 2022 TAX RETURNS (FEDERAL AND STATE)**

**** Verification or additional details may be requested.**

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 _____