

January 2024

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 entering first grade or above in September 2024, and 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 12, 2024.** Please note that this is a firm deadline. Applications received after this deadline simply cannot be reviewed as the demand for scholarships has consistently increased year over year. If necessary, please complete part of the application with an explanation of why the rest of the application will be late so we can at least know that you intend on applying.

Please note that if your child is applying for summer travel programs to Israel, their 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 2023 federal tax return, as well as your 2023 state tax return, must be enclosed. If your 2023 tax returns are not yet completed, please attach your 2022 returns and send 2023 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.

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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APPLICATION (Due by deadline of April 12, 2024)

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 (to be answered by your child (you may assist them as needed):

**Not required to be eligible for consideration.*

PLEASE USE OTHER SIDE OF FORM TO PROVIDE ADDITIONAL INFORMATION.

Schoke Jewish Family Service Financial Information 2023-2024
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 2023** \$ _____

NET INCOME FOR YEAR ENDING 2023 \$ _____

☐ 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 2023 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 _____