

January 2025

Dear Parent,

The Joan and Ben Zinbarg – Schoke Jewish Family Service Camp Scholarship Program provides financial assistance for Jewish youngsters attending Jewish day or sleepaway camps. Below are the requirements for applying:

- **Eligibility:**
 - Children entering 1st grade or above in September 2025.
 - Must reside in the Greater Stamford and Upper Fairfield County areas.
- **Application Requirements:**
 - Complete and return the application by **Friday, April 11, 2025** (firm deadline).
 - Submit via mail or email to Erika Gadson at erikag@ctjfs.org.
 - Include the following attachments:
 - First two pages of your **2024 federal and state tax returns**.
If unavailable, submit 2023 returns and provide 2024 when ready.
 - Application fee: **\$18 for the first child, \$10 for each additional child** (max \$36 per family).
 - Applications must be **complete** to be considered.
- **Priority:**
 - Families demonstrating the **greatest financial need** who submit on time will receive priority.
 - Applications for summer travel programs to Israel will be considered **if funds remain available**.
- **Additional Assistance:**
 - Explore other scholarship opportunities:
 - Your local JCC or synagogue
 - One Happy Camper program funded by PJ Library
(for first-time Jewish sleepaway camp attendees)
- **Submission Tips:**
 - Typed applications are strongly encouraged.
 - If handwritten, ensure the application is **neat and legible**.
 - Include a valid email address for award notifications.

Families who are awarded scholarships are asked to share their summer camp experiences with Schoke JFS upon their return from camp. It is important for us to know how this program has been meaningful to the campers who attend Jewish day and sleepaway camps.

For questions, contact Erika Gadson at **203-921-4161** or erikag@ctjfs.org.

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 Friday April 11, 2025)

Name of Applicant _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

School Attending _____ Grade _____ Age _____

Synagogue Affiliation* _____

Jewish Education* _____

Name 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):

PLEASE SUBMIT SEPARATELY TO PROVIDE ADDITIONAL INFORMATION.

**Not required to be eligible for consideration.*

Schoke Jewish Family Service Financial Information 2024-2025
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 2024** \$ _____

NET INCOME FOR YEAR ENDING 2024 \$ _____

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? _____

Does your child attend private school? Yes No If so, how much is the annual tuition? _____

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? _____

Total cost of camp per child: _____ What is the scholarship amount you are requesting? _____
Please indicate a specific amount

How much have you budgeted for camp per child? _____

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

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

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

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 2024 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 _____