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Fairfield, CT 06825

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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 2026.
- Must reside in our catchment area. Towns include Stamford, New Canaan, Darien, Norwalk, Westport, Weston, Wilton, Easton, Fairfield, Bridgeport, Trumbull, Stratford, Monroe, Redding and Ridgefield.

- **Application Requirements:**

- Complete and return the application by **Friday, March 13, 2026 (firm deadline)**.
- Submit via email to Erika Gadson at erikag@ctjfs.org.
- Include the following attachments:
 - First two pages of your **2025 federal and state tax returns**.
If unavailable, submit 2024 returns and provide 2025 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,
Camp Scholarship Committee

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

Licensed by State of CT

Recipient Agency of: United Jewish Federation of Stamford, New Canaan, and Darien
United Way • Jewish Federation of Greater Fairfield County

APPLICATION
Deadline – Friday, March 13, 2026

Child's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

School Attending _____ Grade _____ Age _____

Synagogue Affiliation* _____

Jewish Education* _____

**Not required to be eligible for consideration.*

CAMP INFORMATION

Name of Camp: _____

Camp Address: _____ Phone: _____
(WINTER)
_____ Phone: _____

Number of Weeks: _____

Registration Date _____ First Payment Due Date _____

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? \$ _____

OTHER EXPECTED SUPPORT

Will you receive financial assistance from the camp? Yes No If so, how much? _____

Are you applying to your synagogue, Federation or other agency/organization in Fairfield County for assistance?

Yes To whom and for how much? _____
 No

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):

You can tell us what you love about camp, what you hope to learn or what you're excited to try.

**YOU MAY SUBMIT YOUR CHILD'S STATEMENT ON A SEPARATE PIECE OF PAPER IF YOU NEED
MORE ROOM THAN PROVIDED ABOVE.**

FAMILY INFORMATION

Child's Name _____

Father's Name _____

Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

EMAIL ADDRESS: _____ **(required)**

Occupation _____ Annual Salary \$ _____

Employer _____

Mother's Name _____

Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

EMAIL ADDRESS: _____ **(required)**

Occupation _____ Annual Salary \$ _____

Employer _____

Are the applicant's parents: married separated divorced widowed remarried

Custodial Parent (if applicable) _____

HOUSEHOLD INCOME

GROSS FAMILY INCOME REPORTED
FOR TAX YEAR ENDING 2025** \$ _____

NET INCOME FOR YEAR ENDING 2025 \$ _____

****PLEASE ATTACH A COPY OF THE FIRST TWO PAGES OF YOUR 2025 TAX RETURNS (FEDERAL AND STATE)**

OTHER SOURCES OF INCOME

Child Support \$ _____

Alimony \$ _____

Worker's Comp/Unemployment \$ _____

Social Security and/or Pension \$ _____

SNAP/TANF/Other Public Assistance \$ _____

Other sources of income

Source _____ \$ _____

HOUSEHOLD EXPENSES

The purpose of this section is to give the committee an idea of your household expenses. Please include monthly expenses (*rent/mortgage, food, insurance, car, tuition, etc.*) and any one-time yearly expenses you incur for your family (travel teams, memberships, etc.). If necessary, you may explain any of the below expenses on the following page.

AVERAGE MONTHLY EXPENSES \$ _____

Mortgage Payment \$ _____

Rent \$ _____

Medical Insurance \$ _____

Car Payments \$ _____

School Tuition \$ _____

One-time Annual Expenses \$ _____

Other significant household expenses \$ _____

Year/Make/Model of each auto owned/leased _____

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.: _____

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

Yes No If so, how much will they provide? \$ _____

Please state reasons why you are applying for this scholarship. Please include any significant expenses and approximate dollar amounts being incurred by your family which contribute to the need for the scholarship.

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

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 submit 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** _____