

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](mailto: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](mailto: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.*

**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)**

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**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.*

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**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.**

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

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2. 

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3. 

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4. 

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5. 

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6. 

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**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 \_\_\_\_\_**