



JFS Desert Campership Program

Jewish Family Service of the Desert (JFS Desert) is now accepting applications for scholarships for local Jewish youth to attend overnight summer camp. JFS Desert continues its long-standing program of assisting to send Jewish kids, ages 8-17, to overnight camp; an experience which helps campers build self-confidence, gain personal independence, make new and life-long friends, and develop a better understanding of Jewish culture and traditions while creating memories and fun!

Please return your completed application, including all requested supporting documents to:

Jewish Family Service of the Desert
490 S. Farrell Drive, suite C208
Palm Springs, CA 92262
Attention: Kraig Johnson

For more information, please call Kraig Johnson at 760/325-4088 ext. 101.



CAMPERSHIP APPLICATION FORM

DUE: THURSDAY, MARCH 1, 2018

Please answer **all** questions on both sides; please mark "N/A" for those questions that are not applicable.

Completed applications and accompanying documentation should be submitted to JFS on or before the deadline noted above to Kraig Johnson's attention, 490 S. Farrell Drive, suite C208, Palm Springs, CA 92262.

Fax: 760/778-3781 kjohnson@jfsdesert.org

PLEASE PRINT

Name of Parent/Guardian _____

Address, City, Zip _____

Home phone _____ Work phone _____ Cell _____

E-mail address _____

CHECK PROPER CATEGORY

1. ___ Married ___ Single ___ Divorced ___ Widowed

2. ___ Both parents working ___ One parent working ___ Unemployed ___ Self-employed

With whom does the child live? _____

HEAD OF HOUSEHOLD INFORMATION

Full name _____ Occupation _____ Self-employed

Place of employment/address _____ Phone _____

SPOUSE INFORMATION

Full name _____ Occupation _____ Self-employed

Place of employment/address _____ Phone _____

Name(s) of others living in the home Relationship Birth date School OR place of employment

Name(s) of others living in the home	Relationship	Birth date	School OR place of employment

CAMPERSHIP APPLICANT'S INFORMATION

Camper's full name Grade in Camp/Program requested Listed cost of
September program

Camper's full name	Grade in September	Camp/Program requested	Listed cost of program

Please complete other side



FINANCIAL INFORMATION

ANNUAL GROSS EARNINGS

TOTAL ANNUAL EXPENSES

Head of Household \$ _____

\$ _____

Spouse \$ _____

OTHER ANNUAL INCOME

Other sources \$ _____

TOTAL \$ _____

Have you secured any financial support from other sources to send your child(ren) to summer camp? If so, please list the source(s) and amount(s). _____

What is the minimum amount of financial support you need from JFS to send your child to summer camp?

What summer camp(s) are you considering sending your child(ren), what is the overall cost of camp, and how long does it run? _____

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Please provide any additional information which you feel to be important when we are considering your application:

I declare that the information contained in this form, to the best of my knowledge and belief, is true and complete, and I understand that any grant made will be revoked in the event of misrepresentation.

SIGNATURE OF PARENT/GUARDIAN

DATE

IMPORTANT: PLEASE ENCLOSE COPIES OF W2 FORMS FOR HEAD OF HOUSEHOLD AND ANY OTHERS CONTRIBUTING TO THE HOUSEHOLD INCOME. ONLY COMPLETE APPLICATIONS WITH REQUESTED DATA WILL BE CONSIDERED FOR SCHOLARSHIP PROVISION.

PLEASE KEEP US INFORMED OF ANY CHANGE IN INCOME FROM THE TIME OF APPLICATION TO THE CAMP SESSION DATE.