



## JFS Desert Summer Camp Scholarship 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.



**SUMMER CAMP SCHOLARSHIP APPLICATION FORM**

**DUE: FRIDAY, MARCH 1, 2019**

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**

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

**APPLICANT'S INFORMATION**

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

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

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? \_\_\_\_\_  
\_\_\_\_\_

.....  
Please provide any additional information which you feel to be important when we are considering your application. Please feel free to submit additional information on a separate sheet:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.