CAMPERSHIP APPLICATION FORM

Please answer **all** questions on the two-sided application (those not applicable, please mark **N/A**)

Please Note:
Camp scholarship awards give priority to youth who have not received scholarships from JFS.
JFS Campership Program does not provide transportation costs to and from camp programs.

PLEASE PRINT

Name Parent/Guardian (1) _____

Address _____ City, Zip _____

Home phone _____Work _____Cell/other _____ Email Address _____

Name Parent/Guardian (2) _____

Address _____ City, Zip _____

Home phone _____Work _____Cell/other _____ Email Address _____

CHECK PROPER CATEGORY
☐ Both parents working ☐ One parent working ☐ Unemployed ☐ Self-employed

With whom does the child live? _____

Parent/Guardian (1)

Full name _____Occupation _____Self-Employed: _____

Place of employment/address_____ Phone _____

Parent/Guardian (2)

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

CAMPERSHIP APPLICANT INFORMATION

Camper's full name	Age	Name of Camp/Contact Info	Cost of Camp Program
			$
			$

- Registration Cost/**Subsidy** Awarded from the Camp Scholarship Fund: $_____
- Registration Cost Amount Household is Paying: $_____
- Other sources of funding obtained (e.g., Family, friends, church, clubs): $_____
- How much is being requested from JFS: $_____

FINANCIAL INFORMATION

Please submit proof of all forms of income for all household members 18 yrs. of age and older

(include 2 most current months of paystubs, cash aid notice of action, alimony support, SSI, SSA, SSDI, receipts for cash payment for employment, copy of current 1040 tax return, copies of ID's for parent(s) and camper

Monthly Net Income

Parent/Guardian (1) $_____

Parent/Guardian (2) $_____

Other Household Members $_____

Other Monthly Income

Other sources $_____

TOTAL: $_____

Total Monthly Household Expenses

BILL	Amount Monthly
Rent	
Renter Insurance	
Mortgage	
Home Insurance	
Property Taxes	
Electric	
Gas/propane	
Water	
Car Payment (s)	
Car Insurance	
Gas	
Food	
Telephone	
Cell (household amount)	
Other	
TOTAL	**$**

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

_____

_____

_____

Please provide an essay as to how the camper would benefit from the camp experience/ why they would like to attend (feel free to attach additional paper as needed):

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.

I give Jewish Family Service of the Desert and its funding bodies permission to copyright and publish/republish photographs/videos of me/camper in which I/camper may be included in whole or in part, in conjunction with my/campers's name, without compensation, for any purpose (agency funding body public relations, program publicity, volunteer recruitment, fundraising, etc.) which they so choose.

Households requesting assistance to send a child to a Jewish camp give JFS permission to share their application, accompanying documentation, and all responses to JFS queries to the Jewish Federation of the Desert (JFED) for their consideration of the provision of possible financial assistance. Submission of information to JFED does not guarantee support.

I understand and approve that such photos/videos may appear in any publication chosen by JFS (e.g., Jewish Community News, JFS constant contact releases, JFS social media, etc.).

I release JFS and all of its partners, funders, volunteers, and contributors from any liability by virtue of blurring, distortion, alteration, or other imperfections that may be apparent in the finished photograph (s) or on the JFS website. I waive any right to inspect or approve the finished photograph/video prior to its publishing or being copyrighted.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE