



WNC Jewish Federation

Jewish Summer Camp Scholarship Fund

Western North Carolina Jewish Camp Scholarship Fund Scholarship Eligibility, Requirements, and Procedures for Overnight Camp and Israel Experiences

Parents/Guardians: Please read carefully, sign and date the bottom of this page, return one copy with your application, and keep one copy for your records.

Mission of the Scholarship Fund

To enhance and encourage a child's Jewish identity through Jewish camp experiences.

Eligibility

- 1) The *Western North Carolina Overnight Jewish Camp Scholarship* is open to Jewish applicants ages 10-16 who are residents of the eighteen counties of Western North Carolina.,
- 2) Financial need is the primary consideration in awarding scholarships.
- 3) Funding is intended for a Jewish –affiliated overnight summer camp.
- 4) Summer camp application must be for a minimum stay of two weeks.

Requirements

- 1) Scholarship application and required financial documents must be turned in by application deadline date: **Sunday, April 15, 2018**. See application instructions under Policies and Procedures in this handout.
- 2) Following their camp experience, Scholarship recipients are to submit a 100-250 word essay, which may be hand-written, describing and providing examples of how their Jewish summer camp experiences contributed to their increased understanding of what it means to be Jewish.
- 3) This essay is due no later than 30 days after a recipient's return from summer camp, and should be either emailed to email address is administrator@JewishAsheville.org with "ATTN: Scholarship Committee" in the subject line, OR mailed in a stamped envelope to

WNC Jewish Federation
P. O. Box 7126
Asheville, North Carolina. 28802-7126
ATTN: Scholarship Committee

Procedures and Policies

1) The *Western North Carolina Jewish Camp Scholarship* committee keeps strict confidentiality in all information submitted. We ask that applicants maintain confidentiality regarding their funding received. Amount received will vary upon circumstances, number of applicants and funds available.

2) The Federation retains the right to limit how many scholarships are given each year. Preference will be given to children who have never attended a Jewish summer camp or whose family is affiliated with a Jewish religious institution. Recipients of this scholarship may apply for the scholarship again in subsequent years. Late applications may be considered if funds are available

3) Awarded scholarship monies will be transmitted directly from the Federation to the scholarship recipient's selected Jewish summer camp. Any difference in cost between the camp program chosen and the scholarship from the Federation will be the responsibility of the person requesting the scholarship.

4) A scholarship must be used in the year it is awarded. It will be agreed upon beforehand that if a scholarship is awarded but unused for any reason during the award year, the money, if advanced, will be returned within 30 days of request to the Western North Carolina Jewish Federation.

5) Parents/guardians of students granted scholarship funds will be required to sign a release so that the Western North Carolina Jewish Federation will not be liable under any circumstances for any problems or injury resulting from participation in the camp program chosen by the applicant

6) Application deadline is Sunday, April 15, 2018. To file your application, choose one of the following options:

- Either before or on the deadline date, scan the application documents and email to administrator@JewishAsheville.org
- Mail to WNC Jewish Federation, P.O. Box 7126, Asheville, NC 28802-7126. ATTN: Scholarship Committee. Envelope must be postmarked April 15, 2018 or earlier.

PARENT/GUARDIAN _____

DATE _____



WNC Jewish Federation
**Jewish Summer Camp
Scholarship Fund**

Western North Carolina Jewish Summer Camp Scholarship
for Overnight Camp and Israel Experiences
APPLICATION

APPLICATION DEADLINE IS Sunday, April 15, 2018
PLEASE PRINT OR TYPE

Date: _____

Name of Camper / Applicant: _____

Date of Birth: _____

Address/City/State/Zip: _____

Email: _____

Secondary Email: _____

Home Telephone: _____

Name of school now attending: _____

Grade as of 9/2016: _____

Have you previously attended any Jewish camps? _____

If yes, please list camp name and date(s) of attendance: _____

Are you a member of any Jewish youth organization? _____ If so, which ones? _____

Are you affiliated with a congregation? _____ If yes, which one and city? _____

Number of years of religious school attendance? _____

In which extracurricular activities do you participate? _____

Why do you wish to attend a Jewish summer camp? _____

(If additional space is needed, you may submit on a separate sheet with application)

Parent's Marital Status (please check one)

Married Single Separated Divorced Widowed Remarried

If parents are divorced, who has custody? _____

Father/Guardians Name(s) _____

Home Address/Zip and Home Telephone (if different from applicant): _____

Name of Employer: _____ Position: _____

Business Address: _____

Business Phone: _____

Mother/Guardians Name(s) _____

Home Address/Zip and Home Telephone (if different from applicant): _____

Name of Employer: _____ Position: _____

Business Address: _____

Business Phone: _____

Attach copy of Federal Income Tax Return for 2017, if available, or 2016 including schedules and W-2 tax forms for both parents or guardians to application.

Any change in family income since December, 2017 that is not reflected on 2017 Federal Income Tax Return. _____

Please explain the financial circumstances that require your need for a scholarship. _____

Please list names and ages of all siblings: _____

Name and location of the camp you will be attending: _____

Dates of camp session: _____

Cost of Camp Program: \$ _____

Transportation costs to camp: \$ _____

Clothing and gear: \$ _____

Total Cost of Camp: \$ _____

Date when final payment is due: _____

How much can parents pay toward program expenses? \$ _____

Do you have financial assistance available from other sources, including synagogue, temple, the camp, etc.? _____ If yes, please list and give an estimate of the amount from each.

AMOUNT OF SCHOLARSHIP REQUESTED: \$ _____

Parent(s): Please describe your reasons for wanting your child to attend a Jewish camp.

The Western North Carolina Jewish Camp Scholarship committee keeps strict confidentiality in all information submitted. Families requesting assistance are bound to the same confidentiality regarding their funding received. Amount received will vary upon circumstances, number of applicants and funds available. The information requested on this application is designed solely to ascertain need and ability to pay.

To the best of my knowledge, the information reported is complete and correct.

SIGNATURE OF PARENTS/GUARDIANS: _____

To file your application, choose one of the following options:

- Either before or on the deadline date, scan the application documents and email to administrator@JewishAsheville.org.
- Mail to WNC Jewish Federation, P.O. Box 7126, Asheville, NC 28802-7126. ATTN: Scholarship Committee. Envelope must be postmarked April 15, 2018 or earlier.

If you have questions during the application process, please call the WNC Jewish Federation office at 828-545-4648 or email administrator@JewishAsheville.org