



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: *Friday, February 10, 2017*. 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](mailto: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 Friday, February 10, 2017. 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](mailto:administrator@JewishAsheville.org)
  - Mail to WNC Jewish Federation, P.O. Box 7126, Asheville, NC 28802-7126. ATTN: Scholarship Committee. Envelope must be postmarked February 10, 2017 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 Friday, February 10, 2017

*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 9/2017: \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(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): \_\_\_\_\_

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Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

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Business Phone: \_\_\_\_\_

**Mother**/Guardians Name(s) \_\_\_\_\_

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

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Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

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Business Phone: \_\_\_\_\_

**Attach copy of Federal Income Tax Return for 2016, if available, or 2015 including schedules and W-2 tax forms for both parents or guardians to application.**

Any change in family income since December, 2016 that is not reflected on 2016 Federal Income Tax Return. \_\_\_\_\_

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

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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](mailto:administrator@JewishAsheville.org).
- Mail to WNC Jewish Federation, P.O. Box 7126, Asheville, NC 28802-7126. ATTN: Scholarship Committee. Envelope must be postmarked February 10, 2017 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](mailto:administrator@JewishAsheville.org)