



## 2010 FINANCIAL ASSISTANCE FOR JEWISH DAY CAMP

**DEADLINE: MARCH 15, 2010**

**SEND COMPLETED APPLICATION DIRECTLY TO CAMP (see below):**

**Who funds day camp financial aid?** Financial assistance for day camp scholarships is sources from the Bernard and Ethel Hurwitz Summer Camperships Fund at The Jewish Community Foundation, and the Jewish Federation of the East Bay. A lay committee makes the award decisions and the process is anonymous.

**ELIGIBILITY:**

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**Residency requirement:** Children whose parents' permanent residence is in Alameda, Contra Costa, Napa or Solano Counties.

**Age requirement:** Children ages 3-15 years old.

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**INSTRUCTIONS:**

Scholarships from the Foundation and Federation Camp Scholarship Funds will only cover camp tuition and associated before or after care. *(If bus fees are part of the camp tuition, they are covered. If the parent elects to use bus transportation as an extra service, over and above camp tuition, it is not covered.)*

**You must apply directly to day camp and receive a day camp scholarship prior to being considered for an award through The Jewish Community Foundation.**

Make sure to submit an individual child form for each child in the family that will be attending camp.

Attach a signed copy of **the first two pages of your 2009 federal tax return**

**OR** if you have not filed your 2008 federal tax return, a signed copy of **the first two pages of your 2008 federal tax return**

**OR** if you don't file: include statements from all sources of income for 2009 including AFDC, trust, unemployment, family support or outside agency financial assistance etc.

Please note the Camperships Committee can not review incomplete applications.

**MAIL THE APPLICATION DIRECTLY TO CAMP WHERE YOUR CHILD IS ENROLLED:**

• **Camp Gan Israel Berkeley** -- attn: Sharalyn Stebben, 2643 College Avenue, Berkeley, CA 94704

Phone: 510-540-5824; E-mail: [office@chabadberkeley.org](mailto:office@chabadberkeley.org)

• **Camp Gan Israel Contra Costa** -- attn: Lynn Zeidman, 1671 Newell Avenue, Walnut Creek, CA 94595

Phone: 925-937-4101; E-mail: [lynn@jewishcontracosta.com](mailto:lynn@jewishcontracosta.com)

• **Camp Kadima** – attn: Sharon Cohen, 3400 Nevada Court, Pleasanton, CA 94566

Phone: 925-931-1055 ext 11; E-mail: [campkadima@bethemek.org](mailto:campkadima@bethemek.org)

• **Camp KeeTov** -- attn: Suzanne Alexander, 1301 Oxford Street, Berkeley, CA 94709

Phone: 510-848-3988 Ext. 212; E-mail: [Suzanne@bethelberkeley.org](mailto:Suzanne@bethelberkeley.org)

• **Camp Tzofim of JCC East Bay** – attn: Michele Levine, 1414 Walnut Street, Berkeley CA 94709

Phone: 510.848.0237, E-mail: [michelel@jcceastbay.org](mailto:michelel@jcceastbay.org)

• **Contra Costa JCC Camp** – attn: Debrah Miller, 2071 Tice Valley Blvd, Walnut Creek, CA 94595

Phone: 925-938-7800 ext 223; E-mail: [debrahm@ccjcc.org](mailto:debrahm@ccjcc.org)



**2010 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Parent/Guardian Info**

**FORM #1**

APPLYING TO (check one):

- Gan Israel Berkeley   
  Gan Israel Contra Costa   
  Kadima   
  KeeTov   
  Tzofim   
  Contra Costa JCC

<p><b><u>PARENT 1</u></b></p> <p> <input type="checkbox"/> Mother              <input type="checkbox"/> Stepmother              <input type="checkbox"/> Guardian              <input type="checkbox"/> Partner         </p> <p>Social Security #: _____</p> <p>Religious Affiliation:    <input type="checkbox"/> Jewish    <input type="checkbox"/> Other</p> <p>Synagogue: _____</p> <p>Synagogue Location: _____</p> <p><b>Parent's name:</b> _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p> <input type="checkbox"/> Full Time    <input type="checkbox"/> Part Time — # of hours: _____         </p> <p>Job Title: _____</p>	<p><b><u>PARENT 2 (even if divorced)</u></b></p> <p> <input type="checkbox"/> Father              <input type="checkbox"/> Stepfather              <input type="checkbox"/> Guardian              <input type="checkbox"/> Partner         </p> <p>Social Security #: _____</p> <p>Religious Affiliation:    <input type="checkbox"/> Jewish    <input type="checkbox"/> Other</p> <p>Synagogue: _____</p> <p>Synagogue Location: _____</p> <p><b>Parent's name:</b> _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p> <input type="checkbox"/> Full Time    <input type="checkbox"/> Part Time — # of hours: _____         </p> <p>Job Title: _____</p>
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Parents' Current Marital Status:   
 Married   
 Separated   
 Divorced   
 Widowed   
 Single (never married)

Who claims the applicant:   
 Both   
 Parent 1 / Parent 2 Alternate Years   
 Parent 1   
 Parent 2

Tax return filing status:   
 Married   
 Head of Household   
 Single

Total exemptions claimed on 2007 federal tax return that you will be submitting: \_\_\_\_\_

Were you born in the U.S.?   
 Yes   
 No — Country of origin: \_\_\_\_\_   
 Date of arrival: \_\_\_\_\_

**List all education expenses for all members of the household (including day care, religious school, or secular education)**

MEMBER OF HOUSEHOLD	NAME OF EDUCATIONAL INSTITUTION	CURRENT GRADE LEVEL	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$( )	\$
			\$	\$( )	\$
			\$	\$( )	\$
			\$	\$( )	\$
<b>TOTAL:</b>			\$	\$( )	\$

**Application: Page 1 of 4 (with 3 extra child forms 4B, 4C, 4D)**



**2010 JEWISH DAY CAMP FIN AID APPLICATION:**

**Financial Information FORM #2**

Please fill in the information requested below (put "0" if the category does not apply):

2008 YEARLY Income	Amount	Average MONTHLY Expenses	Amount
Yearly gross wages or commissions		Monthly rent or mortgage	
Unemployment		Clothing, entertainment, vacations	
Gross business income (Self-employed)		Household expense, food, utilities, cable etc	
Tax Refunds or credits		Medical/dental premium you cover	
Interest income (include exempt)		Medical and dental out of pocket	
Dividends (Schedule B or exempt)		Monthly education expense for all	
Capital gain or loss (Schedule D)		Alimony support	
Pension income, annuities, IRA distributions		Child support	
K1, Real estate, trusts, S-corps, etc.		Gas, oil, auto repairs, local transportation	
Unemployment, worker's comp, disability		Lease payments	
Taxable social security or benefits		Credit card payments	
Food stamps or other public assistance		Car insurance	
Child support or alimony received		All other insurance	
Non-taxable social security or interest		Other: _____	
Savings or other non-taxable		Other: _____	
Family or friends' assistance		Other: _____	
<b>TOTAL YEARLY INCOME</b>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$</b>

1. **Bank Accounts** (as of 12/31/09): **Checking:** \$ \_\_\_\_\_ **Savings & CD:** \$ \_\_\_\_\_

2. **Investments** (net value as of 12/31/09 of stocks, bonds, mutual funds, trusts etc.): \$ \_\_\_\_\_

3. Do you **own your own home**  **Yes**  **No** If yes, Year Purchased? \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Outstanding Mortgage: \$ \_\_\_\_\_ Current Market Value: \$ \_\_\_\_\_

4. Do you **own a car(s)**? Year(s): \_\_\_\_\_ Make(s): \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_ Loan Balance: \$ \_\_\_\_\_

5. **Consumer indebtedness:** Please list outstanding (long-term) debt balances (other than automobile) over and above the monthly payments you are about to make

**Loans** \$ \_\_\_\_\_ **Equity/Credit line( not included in mortgage)** \$ \_\_\_\_\_ **Credit card** \$ \_\_\_\_\_

*I certify that all information provided in this request is true, correct, and complete. I authorize the Bureau of Jewish Education to make whatever inquiries are deemed necessary.*

**Parent 1/Guardian signature:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent 2/Guardian signature:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application: Page 2 of 4 (with 3 extra child forms 4B, 4C, 4D)**

**2010 JEWISH DAY CAMP FIN AID APPLICATION: Questionnaire Regarding Need FORM #3**

**Did you incur expenses for any of the following life-cycle events in the previous year?**

- B'nai Mitzvah \$ \_\_\_\_\_       Elder-care Expense \$ \_\_\_\_\_  
 Wedding \$ \_\_\_\_\_       Funeral \$ \_\_\_\_\_

**Did you experience a decrease in your household income last year? Do you anticipate a decrease this year?**

**PLEASE CHECK:**

- A parent's marital status changed
- Social security ceases for (name) \_\_\_\_\_ and date \_\_\_\_\_
- Worker's comp ceases (date) \_\_\_\_\_ for unemployed parent
- Medical reason for  parent  child
- Parent/guardian expects to be unemployed in the next six month
- Parent/guardian suffered a job loss in the last six months
- Parent/guardian unemployed now, but starts job on (date) \_\_\_\_\_
- Parent/guardian is going to retire
- Parent guardian has taken a pay decrease: and/or had their hours reduced
- The family experienced financial losses this year due to a natural disaster
- A parent/guardian has been called up for military service
- A parent/guardian declared bankruptcy
- Death of a spouse
- Family size has increased

**Do you anticipate an increase in your income this year?**

- Child will graduate from college
- Will no longer take a child as a deduction
- One-time inheritance
- One-time sale of property

**Please provide a brief description for any of the check items and/or let us know about an emergency not listed but pertinent to this application.**

**Application: Page 3 of 4 (with 3 extra child forms 4B, 4C, 4D)**



**2010 JEWISH DAY CAMP FIN AID APPLICATION:**

**Camper Info** (ONE CHILD PER FORM)

**FORM #4**

<b>Camper name:</b>		Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date:	Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are you an émigré?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where?		Date of arrival:

**Information on camp cost and funding sources**

**Name of Day Camp:**

**Total number of sessions attending:**                      **Total # of weeks:**

**1. TOTAL CAMP COST: Tuition \$                      + Extended care \$                      + Bus \$                      = \$**

**2. WHAT COST WILL YOU COVER?** The scholarship committee expects families to contribute to camp fees.

- a. Bus transportation. Community funds do not cover bus transportation — record here: \$
- b. Record what family can contribute towards tuition & extended care \$
- c. Funding from grandparent or relative \$
- d. Funding from synagogue \$
- e. Total Family Contibution** (add Lines 2a through 2d) **\$**

**3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1) \$**

**FOR DAY CAMP ADMINISTRATION STAFF ONLY:**

- Please note camper must be awarded a scholarship through day camp prior to being considered for an award from the Foundation.
- Please complete award information before forwarding this application to  
The Jewish Community Foundation, attn: Summer Camp Scholarships, 300 Grand Ave., Oakland, CA 94610 for scholarship consideration:

**2010 DAY CAMP SCHOLARSHIP AWARD: \$                      Award Percentage: %**

**Did this camper receive financial aid last year?**  Yes  No

If yes: # of weeks?                      Amount of the award \$                      Total Session Cost \$

**Recorded by:** (print your name)

Signature

Date

**PLEASE NOTE: If the camp wishes to point out additional special circumstances of the family to the scholarship committee, please call the FOUNDATION or attach a note to the application. Thank you.**

**Application: Page 4 of 4 (with 3 extra child forms 4B, 4C, 4D)**

**2010 JEWISH DAY CAMP FIN AID APPLICATION:**

**Camper Info** (ONE CHILD PER FORM)

**FORM #4B**

Camper name:		Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date:	Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an émigré? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where?		Date of arrival:

**Information on camp cost and funding sources**

**Information on camp cost and funding sources**

Name of Day Camp:

Total number of sessions attending:	Total # of weeks:		
<b>1. TOTAL CAMP COST: Tuition \$ + Extended care \$ + Bus \$ = \$</b>			
<b>2. WHAT COST WILL YOU COVER?</b> The scholarship committee expects families to contribute to camp fees.			
a. Bus transportation. Community funds <u>do not</u> cover bus transportation — record here:			\$
b. Record what family can contribute towards tuition & extended care			\$
c. Funding from grandparent or relative			\$
d. Funding from synagogue			\$
<b>e. Total Family Contribution</b> (add Lines 2a through 2d)			<b>\$</b>
<b>3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1)</b>			<b>\$</b>

**FOR DAY CAMP ADMINISTRATION STAFF ONLY:**

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- Please complete award information before forwarding this application to The Jewish Community Foundation, attn: Summer Camp Scholarships, 300 Grand Ave., Oakland, CA 94610 for scholarship consideration:

<b>2009 DAY CAMP SCHOLARSHIP AWARD:</b> \$	<b>Award Percentage:</b> %	
Did this camper receive financial aid last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: # of weeks?	Amount of the award \$	Total Session Cost \$

Recorded by: (print your name) Signature Date

**PLEASE NOTE:** If the camp wishes to point out additional special circumstances of the family to the scholarship committee, please call the FOUNDATION or attach a note to the application. Thank you.

**Application: Page 4B**

**2010 JEWISH DAY CAMP FIN AID APPLICATION:**

**Camper Info** (ONE CHILD PER FORM)

**FORM #4C**

Camper name:		Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date:	Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an émigré? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where?		Date of arrival:

**Information on camp cost and funding sources**

Name of Day Camp:

Total number of sessions attending:                      Total # of weeks:

1. TOTAL CAMP COST: Tuition \$                      + Extended care \$                      + Bus \$                      = \$

2. WHAT COST WILL YOU COVER? The scholarship committee expects families to contribute to camp fees.

- a. Bus transportation. Community funds do not cover bus transportation — record here: \$
- b. Record what family can contribute towards tuition & extended care \$
- c. Funding from grandparent or relative \$
- d. Funding from synagogue \$
- e. Total Family Contribution (add Lines 2a through 2d) \$

3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1) \$

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- Please complete award information before forwarding this application to The Jewish Community Foundation, attn: Summer Camp Scholarships, 300 Grand Ave., Oakland, CA 94610 for scholarship consideration:

2009 DAY CAMP SCHOLARSHIP AWARD: \$                      Award Percentage: %

Did this camper receive financial aid last year?  Yes  No

If yes: # of weeks?                      Amount of the award \$                      Total Session Cost \$

Recorded by: (print your name)                      Signature                      Date

**PLEASE NOTE:** If the camp wishes to point out additional special circumstances of the family to the scholarship committee, please call the FOUNDATION or attach a note to the application. Thank you.

**2010 JEWISH DAY CAMP FIN AID APPLICATION:**

**Camper Info** (ONE CHILD PER FORM)

**FORM #4D**

Camper name:		Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date:	Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an émigré? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where?		Date of arrival:

**Information on camp cost and funding sources**

Name of Day Camp:

Total number of sessions attending:      Total # of weeks:

1. TOTAL CAMP COST: Tuition \$      + Extended care \$      + Bus \$      = \$

2. WHAT COST WILL YOU COVER? The scholarship committee expects families to contribute to camp fees.

a. Bus transportation. Community funds do not cover bus transportation — record here: \$

b. Record what family can contribute towards tuition & extended care \$

c. Funding from grandparent or relative \$

d. Funding from synagogue \$

e. Total Family Contribution (add Lines 2a through 2d) \$

3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1) \$

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The Jewish Community Foundation, attn: Summer Camp Scholarships, 300 Grand Ave., Oakland, CA 94610 for scholarship consideration:

2009 DAY CAMP SCHOLARSHIP AWARD: \$      Award Percentage: %

Did this camper receive financial aid last year?  Yes  No

If yes: # of weeks?      Amount of the award \$      Total Session Cost \$

Recorded by: (print your name)

Signature

Date

**PLEASE NOTE:** If the camp wishes to point out additional special circumstances of the family to the scholarship committee, please call the Foundation or attach a note to the application. Thank you.

*Application: Page 4D*