



## 2009 FINANCIAL ASSISTANCE FOR JEWISH DAY CAMP

### APPLICATIONS DUE TO ALL CAMPS: APRIL 1, 2009

- Oshman Family JCC
- Osher Marin JCC
- Peninsula JCC
- JCC of San Francisco
- The Friendship Circle: Peninsula/South Bay
- Camp Gan Israel: San Francisco • Silicon Valley



**Residency requirement:** Children whose parents' permanent residence is in San Francisco, the Peninsula (Sunnyvale and North), Marin and Sonoma Counties.

**Age requirement:** Children ages 3-15 years old on June 1, 2009.

*Financial assistance for day camp scholarships comes from the Jewish Community Federation Day Camp Scholarship Fund of the Jewish Community Endowment Fund. As with all Jewish community scholarship programs, applications are reviewed by a lay committee comprised of Jewish community leaders. Applicant names are withheld to preserve confidentiality.*

### INSTRUCTIONS:

Scholarships from the BJE-administered JCFDCSF 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 Federation Day Camp Scholarship Fund.
- Make sure to submit an individual child form for each child in the family that will be attending camp.
- A copy of your signed 2008 federal income tax return, including W-2's and schedules A through E must accompany this application.



**OR** if you don't file: include statements from all sources of income for 2008 including AFDC, trust, unemployment, family support or outside agency financial assistance etc.

- Please note the JCFDCSF committee can not review incomplete applications.

**Mail the application and 2008 tax return to:**

- **Oshman Family JCC**, Attn: J-Camp, 4000 Middlefield Road, Bldg R, Palo Alto, CA 94303
- **Osher Marin Jewish Community Center**, Camp Kehillah, 200 N San Pedro Rd., San Rafael, CA 94903
- **Peninsula JCC**, 800 Foster City Blvd. Foster City, CA 94404, Attn: Day Camps
- **JCC of San Francisco**, Rabin Summer Camps, 3200 California Street, San Francisco, CA 94118
- **Friendship Circle**, 3900 Fabian Way, Palo Alto, CA 94303
- **Camp Gan Israel SF**, 862 28<sup>th</sup> Ave, San Francisco, CA 94121
- **Camp Gan Israel of Silicon Valley**, c/o Chabad of the Greater South Bay, 3070 Louis Rd, Palo Alto, CA 94303

*Application Requirements and Instructions: Page 1 of 1*





**2009 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Family Information**

**FORM 1**

CAMP:  JCCSF  OSHER MARIN JCC  PENINSULA JCC  THE FRIENDSHIP CIRCLE - PENINSULA / SOUTH BAY  
 OSHMAN FAMILY JCC  CAMP GAN ISRAEL- SF  CAMP GAN ISRAEL- SILICON VALLEY

<u>PARENT 1</u>	<u>PARENT 2</u>
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Name:	Name:
Address:	Address:
City, County, Zip:	City, County, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-Mail:	E-Mail:
Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other	Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other
Synagogue:	Synagogue:
Country of Birth: _____ Arrival Year in US: _____	Country of Birth: _____ Arrival Year in US: _____
Employer:	Employer:
Job Title:	Job Title:

Parent 1 Marital Status:  Married  Separated  Divorced  Single, never married  Widowed  Partner  Re-married  
 Parent 2 Marital Status:  Married  Separated  Divorced  Single, never married  Widowed  Partner  Re-married

Parent 1 Tax return filing status:  Married  Head of Household  Single  
 Parent 2 Tax return filing status:  Married  Head of Household  Single

Who claims the applicant for tax purposes?  Both  Par 1/ Par 2 Alternate years  Parent 1  Parent 2

Total exemptions claimed on 2008 federal tax return? Parent(s) \_\_\_\_\_ + Children \_\_\_\_\_ + Other \_\_\_\_\_ = TOTAL \_\_\_\_\_

List all education expenses for all members of the household (including day care, private school, and college)					
MEMBER OF HOUSEHOLD	SCHOOL NAME	CURRENT GRADE	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$ ( )	\$
			\$	\$ ( )	\$
			\$	\$ ( )	\$
			\$	\$ ( )	\$
		<b>TOTAL*</b>	\$	\$ ( )	\$

\* Enter 1/12 of the total annual education expense on Form 2: Average Monthly Expenses: Monthly Tuition Expense





**2009 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Financial Information**

**FORM 2**

Please complete the information below, entering "0" if the category does not apply

2008 ANNUAL INCOME	AMOUNT	AVERAGE MONTHLY EXPENSES	AMOUNT
Parent 1 Gross Wages		Rent or Mortgage (include RE taxes)	
Parent 2 Gross Wages		Household expenses, food, utilities, etc	
Interest Income		Medical out of pocket expenses	
Dividend Income		Auto loan or lease payments	
Alimony Income		Gas, car insurance, maintenance, local transportation	
Business Income (Schedule C)		Alimony & Child Support expense	
Capital Gain (Loss) (Schedule D)		Clothing, entertainment, vacation	
Pensions, Annuities & IRA Distributions		Monthly tuition expense (include day care, private school & college) <b>Refer to schedule on Form 1</b>	
Real Estate Income (Loss) (Sch E, pg 1)			
Partnerships, S-Corps, Trusts & Estates		Children's extracurricular expenses (sports, lessons, tutoring, etc)	
Unemployment, Disability, VA benefits		Other insurance expense	
Social Security			
Food Stamps, other government assist			
Child Support Income			
Indirect Chld Support (expenses pd by others on behalf of your child)			
<b>TOTAL ANNUAL INCOME</b>	\$	<b>TOTAL MONTHLY EXPENSES</b>	\$

1. Bank Accounts (as of 12.31.08): Checking: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_

2. Stocks, bonds, mutual funds (Current Value as of 12.31.08): \$ \_\_\_\_\_ Trust funds held in your name or child's name \$ \_\_\_\_\_

3. Retirement plans (Current Value as of 12.31.08): \$ \_\_\_\_\_

4. Personal Residence:  Own  Rent If owner, year purchased: \_\_\_\_\_  
 Purchase Price: \$ \_\_\_\_\_ Current Mortgages: \$ \_\_\_\_\_ Current Market Value: \$ \_\_\_\_\_

**Do you own OR lease a car?**  Yes  No

Make/Model/Year	Original Cost	Current Value	Loan Balance
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**Consumer Debt:** Balance as of 12.31.08 Monthly Payment

Credit Cards & other unsecured loans	\$ _____	\$ _____
Other debt not listed above _____	\$ _____	\$ _____

**Investment Real Estate Owned:** Date of Purchase Purchase Price Current Mortgages Current Value  
 Address, City, State, Zip

Address, City, State, Zip	Date of Purchase	Purchase Price	Current Mortgages	Current Value





**An explanation of your family's financial circumstances is a mandatory part of this application for financial aid.**

**STATEMENT OF NEED:**

Describe any changes in family or economic circumstances over the past year that support your request for financial aid this year. Include known events in 2009 that will impact your family. (new child, bar mitzvah, etc). If a parent has lost their job, indicate the date unemployment began, the date unemployment will end, and the estimated \$ cost of this change. If work hours were reduced, provide the estimated \$ cost of this change. Highlight any of the following: single parent, first generation émigré, special needs family member, multiple children attending.

ADMINISTRATION USE ONLY:

Parent(s) whose information is represented in the application must sign below to indicate they have read and agreed to the following terms.

I hereby certify that all information provided in this application is true, correct and complete. I authorize the Bureau of Jewish Education to make anonymous and share this information with one or more scholarship committee(s) for the purpose of granting a scholarship award. I further authorize the Bureau of Jewish Education to make additional inquiries they consider necessary to assure accuracy of the information provided.

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

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





**2009 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Camper Information (ONE CHILD PER FORM) FORM 4A**

Camper name:		Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date:		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School:	<input type="checkbox"/> Public <input type="checkbox"/> Private	Grade as of Fall, 2009:	
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**

- Are you currently a member of the JCC / Friendship Circle?  Yes  No **OR**  Just Joined — Date: \_\_\_\_\_
- Has the camper been enrolled in this camp's program before?  Yes  No
- Has the camper received financial aid from this camp before?  Yes  No
- Has your application been referred through Jewish Family Children's Service?  Yes  No
- If yes, for how many years have you received financial aid from JFCS? \_\_\_\_\_

**Name of day camp:**

Total number of sessions attending: \_\_\_\_\_ Total # of weeks: \_\_\_\_\_

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

**\*SCHOLARSHIPS DO NOT COVER BUS TRANSPORTATION.**

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

- Record what family can contribute towards tuition & extended care \$ \_\_\_\_\_
- Funding from grandparent or relative \$ \_\_\_\_\_
- Funding from JFCS or other agency grant \$ \_\_\_\_\_
- Total Contribution** (add Lines 2a through 2c) \$ \_\_\_\_\_

**3. SCHOLARSHIP REQUESTED (subtract Line 2d 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 through the JCFDCSF. Complete award information before forwarding this application and tax return to: Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration

2009 CAMP SCHOLARSHIP AWARD

2008 CAMP SCHOLARSHIP INFORMATION

a) Sibling Discount	\$ _____	Is this a returning JCFDCSF recipient?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) JCP/ Employee Discount	\$ _____	# of weeks	_____
c) Earlybird Discount	\$ _____	Total Session Cost	_____
d) Other Discount _____	\$ _____	Amount of Award	_____
e) Camp Award	\$ _____	Award % of total session cost	_____ %
f) Total Scholarship Received (a – e)	\$ _____		
Award Percentage (f / Total camp cost)	_____ %	Recorded by: _____	Date _____





2009 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Camper Information (ONE CHILD PER FORM) FORM 4B

Camper name: Age: Birth date: School: Are you an émigré? US Citizen: Grade as of Fall, 2009: Date of arrival:

Information on camp cost and funding sources

- 1. Are you currently a member of the JCC / Friendship Circle? 2. Has the camper been enrolled in this camp's program before? 3. Has the camper received financial aid from this camp before? 4. Has your application been referred through Jewish Family Children's Service? 5. If yes, for how many years have you received financial aid from JFCS?

Name of day camp:

Total number of sessions attending: Total # of weeks:

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

\*SCHOLARSHIPS DO NOT COVER BUS TRANSPORTATION.

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

- a. Record what family can contribute towards tuition & extended care \$ b. Funding from grandparent or relative \$ c. Funding from JFCS or other agency grant \$ d. Total Contribution (add Lines 2a through 2c) \$

3. SCHOLARSHIP REQUESTED (subtract Line 2d 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 through the JCFDCSF. Complete award information before forwarding this application and tax return to: Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration

2009 CAMP SCHOLARSHIP AWARD

2008 CAMP SCHOLARSHIP INFORMATION

a) Sibling Discount \$ b) JCP/ Employee Discount \$ c) Earlybird Discount \$ d) Other Discount \$ e) Camp Award \$ f) Total Scholarship Received (a - e) \$ Is this a returning JCFDCSF recipient? # of weeks Total Session Cost Amount of Award Award % of total session cost Award Percentage (f / Total camp cost) Recorded by: Date



2009 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Camper Information (ONE CHILD PER FORM) FORM 4C

Camper name: Age: Birth date: School: Are you an émigré? US Citizen: Grade as of Fall, 2009: Date of arrival:

Information on camp cost and funding sources

- 1. Are you currently a member of the JCC / Friendship Circle? 2. Has the camper been enrolled in this camp's program before? 3. Has the camper received financial aid from this camp before? 4. Has your application been referred through Jewish Family Children's Service? 5. If yes, for how many years have you received financial aid from JFCS?

Name of day camp:

Total number of sessions attending: Total # of weeks:

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

\*SCHOLARSHIPS DO NOT COVER BUS TRANSPORTATION.

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

- a. Record what family can contribute towards tuition & extended care \$
b. Funding from grandparent or relative \$
c. Funding from JFCS or other agency grant \$
d. Total Contribution (add Lines 2a through 2c) \$

3. SCHOLARSHIP REQUESTED (subtract Line 2d 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 through the JCFDCSF. Complete award information before forwarding this application and tax return to: Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration

2009 CAMP SCHOLARSHIP AWARD

2008 CAMP SCHOLARSHIP INFORMATION

a) Sibling Discount \$ b) JCP/ Employee Discount \$ c) Earlybird Discount \$ d) Other Discount \$ e) Camp Award \$ f) Total Scholarship Received (a - e) \$
Is this a returning JCFDCSF recipient? # of weeks Total Session Cost Amount of Award Award % of total session cost
Award Percentage (f / Total camp cost) Recorded by: Date



2009 JEWISH DAY CAMP FINANCIAL AID APPLICATION: Camper Information (ONE CHILD PER FORM) FORM 4D

Camper name: Age: Birth date: School: Are you an émigré? US Citizen: Grade as of Fall, 2009: Date of arrival:

Information on camp cost and funding sources

- 1. Are you currently a member of the JCC / Friendship Circle? 2. Has the camper been enrolled in this camp's program before? 3. Has the camper received financial aid from this camp before? 4. Has your application been referred through Jewish Family Children's Service? 5. If yes, for how many years have you received financial aid from JFCS?

Name of day camp:

Total number of sessions attending: Total # of weeks:

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

\*SCHOLARSHIPS DO NOT COVER BUS TRANSPORTATION.

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

- a. Record what family can contribute towards tuition & extended care \$ b. Funding from grandparent or relative \$ c. Funding from JFCS or other agency grant \$ d. Total Contribution (add Lines 2a through 2c) \$

3. SCHOLARSHIP REQUESTED (subtract Line 2d 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 through the JCFDCSF. Complete award information before forwarding this application and tax return to: Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration

2009 CAMP SCHOLARSHIP AWARD

2008 CAMP SCHOLARSHIP INFORMATION

a) Sibling Discount \$ b) JCP/ Employee Discount \$ c) Earlybird Discount \$ d) Other Discount \$ e) Camp Award \$ f) Total Scholarship Received (a - e) \$ Is this a returning JCFDCSF recipient? # of weeks Total Session Cost Amount of Award Award % of total session cost Award Percentage (f / Total camp cost) Recorded by: Date