

2010 FINANCIAL ASSISTANCE FOR JEWISH DAY CAMP

DEADLINE: MARCH 12, 2010

SEND COMPLETED APPLICATION DIRECTLY TO CAMP (see below):

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

ELIGIBILITY:

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

Age requirement: Children ages 3-15 years old.

INSTRUCTIONS:

Scholarships from the TJCF-administered Hurwitz Summer Camperships Fund and Federation Camp Scholarship Fund 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 2009 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

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

Phone: 925-937-4101; E-mail: info@cgicoco.com

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

Phone: 925-931-1055 ext 11; E-mail: campkadima@bethemek.org

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

Phone: 510-848-3988 Ext. 210; E-mail: 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

• **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



2010 JEWISH DAY CAMP FINANCIAL AID APPLICATION:

Parent/Guardian Info

APPLYING TO (check one):

- Gan Israel Berkeley
 Gan Israel Contra Costa
 Kadima
 Camp Kee Tov
 Tzofim
 Contra Costa JCC

<u>PARENT 1</u>	<u>PARENT 2 (even if divorced)</u>
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Partner	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Partner
Social Security #: _____	Social Security #: _____
Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other	Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other
Synagogue: _____	Synagogue: _____
Synagogue Location: _____	Synagogue Location: _____
Parent's name: _____	Parent's name: _____
Street: _____	Street: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____
Job Title: _____	Job Title: _____

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 2009 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
			\$	\$()	\$
			\$	\$()	\$
			\$	\$()	\$
			\$	\$()	\$
TOTAL:			\$	\$()	\$



2010 JEWISH DAY CAMP FININCIAL AID APPLICATION:

Financial Information FORM #2

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

2009 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: _____	
TOTAL YEARLY INCOME	\$	TOTAL MONTHLY EXPENSES:	\$

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: \$ _____

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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:** _____

**2010 JEWISH DAY CAMP FINANCIAL AID APPLICATION:
Questionnaire Regarding Need**

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 checked items and/or let us know about an emergency not listed but pertinent to this application.



2010 JEWISH DAY CAMP FINANCIAL AID APPLICATION:

Camper Info (ONE CHILD PER FORM)

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) **\$**

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.



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