



## Camp or Program Scholarship Application

All questions are required to be answered for the application to be eligible

CAMPER/PROGRAM ATTENDEE INFORMATION					
Last Name		First		Birthdate	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Grade		Name of Camp or Program			
Camp or Program Dates					
Has your child received a scholarship from the Federation before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has your child ever attended camp before or participated in this program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			If yes; how many years? _____		
<b>Camper/Program Attendee:</b>					
Please state what you would like to gain from this Jewish camp or program experience.					

FIRST PARENT/GUARDIAN (THIS SHOULD BE THE NAME OF THE PARENT/GUARDIAN WITH WHOM THE CHILD LIVES)					
Last Name		First			
Address is the same as above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			



The Jewish Federation  
OF LANE COUNTY

THE **STRENGTH** OF A PEOPLE  
THE **POWER** OF COMMUNITY

### Important Information

- 1) Camp or program scholarship applications will not be accepted without complete and confirmed camp registration.
- 2) Only Lane County residents are eligible for a camp scholarship
- 3) Please remember to have your student send a **letter of thanks to our Board** upon completion of your camp/program experience. An included photo of your student at camp would be greatly appreciated as well.

### Waiver of Liability and Parental Consent

I hereby acknowledge that the Jewish Federation of Lane County has no responsibility or liability at all for any aspect of the program in which my student will be participating, and I do hereby release them, their officers, board members, members, staff, agents, and affiliates and agree to indemnify, defend and hold them harmless from and against any and all liability for any injury, loss or claim which may occur as a part of or resulting from any aspect of the program for which the scholarship monies will be used.

I understand that receipt of a scholarship is contingent upon acceptance to the program to which I have applied.

In the event that my child voluntarily withdraws before the end of the session or is involuntarily terminated due to a rules violation or behavioral problem, I understand that it is my responsibility to reimburse the Jewish Federation for the full amount of my scholarship award. This requirement will be waived if withdrawal is due to medical, national or family emergency.

I understand that the scholarship funds will be made payable directly to the program's billing office as indicated on the tuition statement.

I hereby give my consent to have my child apply to the Jewish Federation of Lane County for a scholarship and do hereby agree to abide by all the rules and conditions governing such program. I agree to be bound by the terms of the "Waiver of Liability" section set forth above.

I attest that the information in this application is true and accurate.

Parent/Guardian Signature:

Date:

---

---