



Camp or Program Grant 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 grant 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? _____ | | |
| Camper/Program Attendee: | | | | | |
| Please state what you would like to gain from this Jewish camp or program experience. | | | | | |

What is the total cost of the program?

How much are you requesting for a grant from the Federation?

Are you receiving a grant from any other organization? Please list the other granting organizations:

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 grant applications will not be accepted without complete and confirmed registration.
- 2) Only Lane County residents are eligible for a sleep away camp/program grant.
- 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 the camp or program 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 grant monies will be used.

I understand that receipt of a grant 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 camp 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 grant award. This requirement will be waived if withdrawal is due to medical, national or family emergency.

I understand that the grant 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 grant and do hereby agree to abide by all the rules and conditions governing this grant 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:
