



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		
Street Address					Birthdate
					Apartment/Unit #
City			State		
					ZIP
Phone			E-mail Address		
Grade			Name of Camp or Program		
Camp or Program Dates					
Will you apply for financial assistance from your camp or program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Has your child ever attended camp before or participated in this program? If yes; how many years? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your child received a scholarship from the Federation before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you applied for a scholarship or assistance from any other source?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuition (Please do not include extra transportation or supplies cost)	\$		Family Contribution (A family contribution is expected)	\$	
Remaining Balance	\$				

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"/>	This person is the camper's		
Street Address					Apartment/Unit #
					ZIP
City			State		
					E-mail Address
Phone					
Job Title			Annual Salary	\$	
Other Annual Income	\$				



SECOND PARENT/GUARDIAN

YOU DO NOT NEED TO FILL THIS SECTION OUT IF ONE OF THE FOLLOWING APPLIES:

- 1) IF YOU ARE APPLYING AS SINGLE PARENT RESPONSIBLE FOR PAYING CAMP TUITION ON YOUR OWN**
- 2) IF YOU ARE A SINGLE PARENT REQUESTING A SCHOLARSHIP TO HELP PAY FOR THE PORTION OF TUITION FOR WHICH YOU ARE RESPONSIBLE**

Last Name		First			
Address is the same as first parent/guardian?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	This person is the camper's		
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Job Title		Annual Salary	\$		
Other Annual Income	\$				

Basic Information

- 1) Camp or program scholarship applications will not be accepted without complete and confirmed camp registration.
- 2) All financial data shared with the Jewish Federation of Lane County may be shared with your camp or Program.
- 3) Only Lane County residents are eligible for a camp scholarship.

Financial and Personal Circumstances

Please provide a detailed narrative in the following sections (a paragraph for each will suffice). It is very important for the Scholarship Committee to understand in greater detail the financial and personal circumstances of your situation. Please use pronouns in place of real parent and camper names so your application can remain anonymous.

Section A: Please provide the details of any family debt (credit card, medical, etc.).

Section B: Please provide a narrative to help the Scholarship Committee understand why you require financial assistance. Please provide as much information as possible.

Section C: We would request a letter of thanks to the Board upon your completing of your camp/conference. If possible, please send us a picture of yourself at the experience that we could possibly use in our newsletter.



The Jewish Federation
OF LANE COUNTY

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

Waiver of Liability and Parental Consent

In the event that my child is awarded Scholarship funding, 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 I 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 also understand that if I am awarded a scholarship, the 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. In the event that a camp scholarship is awarded, 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:
