



2008 FINANCIAL ASSISTANCE FOR JEWISH DAY CAMP

DUE AT

- Albert L. Schultz JCC – April 1, 2008
- Osher Marin JCC – April 7, 2008
- Peninsula JCC – April 1, 2008
- JCCSF - April 1, 2008



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.

Financial assistance for day camp scholarships comes from the Community Jewish Day Camp Scholarship Fund of the Jewish Community Endowment Fund. A lay committee makes the award decisions and the process is anonymous.

INSTRUCTIONS:

Scholarships from the BJE-administered CJDCSF 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 Community Jewish Day Camp Scholarship Fund.
- Make sure to submit an individual child form for each child in the family that will be attending camp.
- Attach a signed copy of your **2007 federal tax return (exactly as filed with the IRS with all schedules & W2's)**
OR if you have not filed your 2007 federal tax return, a **signed and complete 2006 federal tax return (exactly as filed with the IRS with all schedules & W2's plus copies of your 2007 W2's)** **Prior year tax returns will not be accepted.**
OR if you don't file: include statements from all sources of income for 2007 including AFDC, trust, unemployment, family support or outside agency financial assistance etc.
- Required by the JCCSF only:** Copies of monthly mortgage statement or copies of rent receipts (2 months) or copy of rental contract.
- Please note the CJDCSF committee can not review incomplete applications.
- Mail the application to:**
 - **Peninsula JCC**, 800 Foster City Blvd. Foster City, CA 94404, Attn: Day Camps
 - **Osher Marin Jewish Community Center**, Camp Kehillah, 200 N San Pedro Rd., San Rafael, CA 94903
 - **Albert L. Schultz JCC**, Attn: J-Camp, 4000 Middlefield Road, Bldg R, Palo Alto, CA 94303
 - **JCCSF Rabin Summer Camps**, 3200 California Street, San Francisco, CA 94118



Application Requirements and Instructions: Page 1 of 1



2008 JEWISH DAY CAMP FIN AID APPLICATION: Parent/Guardian Info

FORM #1

APPLYING TO (check one): JCCSF Osher Marin JCC Peninsula JCC Schultz JCC

<p><u>PARENT 1</u></p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Social Security #: _____</p> <p>Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____</p> <p>Synagogue: _____</p> <p>Synagogue Location: _____</p> <p>Parent's name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____</p> <p>Job Title: _____</p>	<p><u>PARENT 2</u></p> <p><input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Social Security #: _____</p> <p>Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____</p> <p>Synagogue: _____</p> <p>Synagogue Location: _____</p> <p>Parent's name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____</p> <p>Job Title: _____</p>
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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 2007 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:	\$	\$()	\$

Application: Page 1 of 4 (with 3 extra child forms 4B, 4C, 4D)





2008 JEWISH DAY CAMP FIN AID APPLICATION: Financial Information

FORM #2

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

2007 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 12/31/07): Checking: \$ _____ Savings & CD: \$ _____

2. Investments (net value as of 12/31/07 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: \$ _____

Original Cost: \$ _____ Current Value: \$ _____ Loan Balance: \$ _____

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: _____

Application: Page 2 of 4 (with 3 extra child forms 4B, 4C, 4D)





2008 JEWISH DAY CAMP FIN AID APPLICATION: Questionnaire Regarding Need **FORM #3**

Did you incur expenses for any of the following life-cycle events?

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

Empty dotted-line box for providing a brief description of check items or emergencies.

Application: Page 3 of 4 (with 3 extra child forms 4B, 4C, 4D)





2008 JEWISH DAY CAMP FIN AID APPLICATION: Camper Info (ONE CHILD PER FORM)

FORM #4

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

- Are you currently a member of the JCC? Yes No **OR** Just Joined — Date: _____
- Has the camper been enrolled in this JCC's program before? Yes No
- Has the camper received financial aid from this JCC 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 JCC 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 <u>do not</u> cover bus transportation — record here:				\$
b. Record what family can contribute towards tuition & extended care				\$
c. Funding from grandparent or relative				\$
d. Funding from JFCS or other agency grant				\$
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 through the CJDCSF.
- Please complete award information before forwarding this application to Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration:

2008 JCC CAMP SCHOLARSHIP AWARD: \$ Award Percentage: %

Did this camper receive financial aid from the JCC 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 BJE or attach a note to the application. Thank you.

Application: Page 4 of 4 (with 3 extra child forms 4B, 4C, 4D)





2008 JEWISH DAY CAMP FIN AID APPLICATION: Camper Info (ONE CHILD PER FORM) FORM #4B

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

- Are you currently a member of the JCC? Yes No **OR** Just Joined — Date: _____
- Has the camper been enrolled in this JCC's program before? Yes No
- Has the camper received financial aid from this JCC 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 JCC day camp:

Total number of sessions attending:	Total # of weeks:
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1. TOTAL CAMP COST: Tuition \$	+ Extended care \$	+ Bus \$	= \$
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2. WHAT COST WILL YOU COVER? The scholarship committee expects families to contribute to camp fees.

a. Bus transportation. Community funds <u>do not</u> cover bus transportation — record here:	\$
b. Record what family can contribute towards tuition & extended care	\$
c. Funding from grandparent or relative	\$
d. Funding from JFCS or other agency grant	\$
e. Total Family Contribution (add Lines 2a through 2d)	\$

3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1)	\$
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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 CJDCSF.
- Please complete award information before forwarding this application to Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration:

2008 JCC CAMP SCHOLARSHIP AWARD: \$	Award Percentage: %
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Did this camper receive financial aid from the JCC last year? Yes No

If yes: # of weeks?	Amount of the award \$	Total Session Cost \$
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Recorded by: (print your name)	Signature	Date
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PLEASE NOTE: If the camp wishes to point out additional special circumstances of the family to the scholarship committee, please call the BJE or attach a note to the application. Thank you.





2008 JEWISH DAY CAMP FIN AID APPLICATION: Camper Info (ONE CHILD PER FORM) FORM #4C

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

- Are you currently a member of the JCC? Yes No **OR** Just Joined — Date: _____
- Has the camper been enrolled in this JCC's program before? Yes No
- Has the camper received financial aid from this JCC 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 JCC day camp:

Total number of sessions attending:	Total # of weeks:
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1. TOTAL CAMP COST: Tuition \$	+ Extended care \$	+ Bus \$	= \$
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2. WHAT COST WILL YOU COVER? The scholarship committee expects families to contribute to camp fees.

a. Bus transportation. Community funds <u>do not</u> cover bus transportation — record here:	\$
b. Record what family can contribute towards tuition & extended care	\$
c. Funding from grandparent or relative	\$
d. Funding from JFCS or other agency grant	\$
e. Total Family Contribution (add Lines 2a through 2d)	\$

3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1)	\$
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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 CJDCSF.
- Please complete award information before forwarding this application to Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration:

2008 JCC CAMP SCHOLARSHIP AWARD: \$	Award Percentage: %
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Did this camper receive financial aid from the JCC last year? Yes No

If yes: # of weeks?	Amount of the award \$	Total Session Cost \$
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Recorded by: (print your name)	Signature	Date
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PLEASE NOTE: If the camp wishes to point out additional special circumstances of the family to the scholarship committee, please call the BJE or attach a note to the application. Thank you.





2008 JEWISH DAY CAMP FIN AID APPLICATION: Camper Info (ONE CHILD PER FORM) FORM #4D

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

- Are you currently a member of the JCC? Yes No **OR** Just Joined — Date: _____
- Has the camper been enrolled in this JCC's program before? Yes No
- Has the camper received financial aid from this JCC 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 JCC 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 <u>do not</u> cover bus transportation — record here:				\$
b. Record what family can contribute towards tuition & extended care				\$
c. Funding from grandparent or relative				\$
d. Funding from JFCS or other agency grant				\$
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 through the CJDCSF.
- Please complete award information before forwarding this application to Bureau of Jewish Education, 639 14th Ave., San Francisco, CA 94118 for scholarship consideration:

2008 JCC CAMP SCHOLARSHIP AWARD: \$ Award Percentage: %

Did this camper receive financial aid from the JCC 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 BJE or attach a note to the application. Thank you.

