



TALLAHASSEE JEWISH FEDERATION
GUIDELINES & APPLICATION PROCEDURE
FOR DAY CAMP SCHOLARSHIP APPLICATION
2019

Congratulations on your decision to attend a Jewish day camp this summer! You will have a summer to remember!

The Tallahassee Jewish Federation is pleased to provide a limited number of need-based grants to encourage youth to participate in Jewish day camps.

In cooperation with area synagogues and other Jewish organizations, Federation strives to help each family fund the maximum amount of tuition possible. We do this by encouraging the family to combine Federation grants with grants from other sources. However, no funding level can be guaranteed. Funding is need-based.

Awards will be made by the beginning of May 2019 to give campers time to secure additional funding if necessary.

Application Criteria

1. Applicants must be Jewish.
2. Applicant's family must be a current member of Tallahassee Jewish Federation (TJF); i.e., a contribution to TJF must have been made within 12 months prior to the date of application.
3. Applicants must be residents of Tallahassee or the Big Bend area.
4. Scholarships will be awarded to children attending a recognized Jewish day camp.
5. The scholarship is granted for one camp session per camper and is based on the cost of camp tuition.

Application Procedure

1. Submit a completed Application Form (see next page), postmarked no later than April 30, 2019, to: Tallahassee Jewish Federation, Attention: Day Camp Scholarship, P.O. Box 14825, Tallahassee, FL 32317.
2. Information submitted may be shared confidentially with other groups that offer Jewish camp scholarships for the purpose of scholarship distribution.
3. The Tallahassee Jewish Federation will notify families of awards as soon as possible.
4. Scholarship checks will be sent directly to the applicant's camp on behalf of the camper.

Tallahassee Jewish Federation DAY CAMP Scholarship Application Form (2019)

Today's Date _____

Camper's Name: _____

Parents' Names: _____

Parents' Address: _____

Parents' E-mail Address: _____

Parents' Phone Numbers: _____

Name, address, and phone number of the camp your child will attend:

Dates of the camp session for which you're requesting assistance: _____

Cost of camp tuition: _____ Amount you can provide: _____

Other sources of funding you have requested (at least one source, in addition to the camp, is required):

Approximate household income:

0 - \$19,000: _____ \$20,000 - \$39,000: _____

\$40,000 - \$59,999: _____ \$60,000 - \$79,999: _____

\$80,000 - \$99,999: _____ \$100,000 +: _____

Any special circumstances that may affect your ability to fund your child's camping experience:

Date of last contribution to Tallahassee Jewish Federation: _____

Signature of Person Completing This Form: _____

Please mail this form (postmarked no later than April 30, 2019) to: Tallahassee Jewish Federation, Attention: Day Camp Scholarships, P.O. Box 14825, Tallahassee, FL 32317.