



# Ruth & Norman Rales Jewish Family Services

Center for Families & Children

## Camp Scholarship Application

Summer 2022

Print name (First Mother): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Age: \_\_\_\_\_ Did you apply Last Year \_\_\_\_\_

Print name (First Father): \_\_\_\_\_ (Middle): \_\_\_\_\_ (Last): \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_ How long at current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Employer's phone:** \_\_\_\_\_

**Employer's address:** \_\_\_\_\_

**What is your occupation?** \_\_\_\_\_

**How long have you worked at current job?** \_\_\_\_\_

Applicant's marital status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

**Father's Employer:** \_\_\_\_\_ **Employer's phone:** \_\_\_\_\_

**Employer's address:** \_\_\_\_\_

**What is your occupation?** \_\_\_\_\_

**How long have you worked at current job?** \_\_\_\_\_

Applicant's marital status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Number Weeks Attending Camp** \_\_\_\_\_

**Camp attending:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Scholarship awarded from camp:** \_\_\_\_\_ **Scholarship Awarded from other organization:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Number Weeks Attending Camp** \_\_\_\_\_

**Camp attending:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Scholarship awarded from camp:** \_\_\_\_\_ **Scholarship Awarded from other organization:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Number Weeks Attending Camp** \_\_\_\_\_

**Camp attending:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Scholarship awarded from camp:** \_\_\_\_\_ **Scholarship Awarded from other organization:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Number Weeks Attending Camp** \_\_\_\_\_

**Camp attending:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**Scholarship awarded from camp:** \_\_\_\_\_ **Scholarship Awarded from other organization:** \_\_\_\_\_

**Additional Household Members:**

Name	Relationship	Age:	Employed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Monthly Family Income:**

SS / SSI / SSDI:	\$ _____
Employment Wages:	_____
Pension:	_____
Unemployment:	_____
Food Stamps:	_____
Workers Comp:	_____
Short or Long Term Disability:	_____
Child Support:	_____
Alimony:	_____
Investments:	_____
Other income:	_____
<b>Total Income:</b>	<b>\$ _____</b>

**Monthly Expenses:**

Rent/Mortgage:	\$ _____	Mortgage balance: \$ _____
Electric/ Water / Gas:	_____	
Phone (cell, cable & internet)	_____	
Car payment:	_____	Loan balance: \$ _____
Car insurance:	_____	Type/year of vehicle: _____
Health/Life insurance:	_____	_____
Other insurance:	_____	
Food:	_____	
Medication:	_____	
Credit cards:	_____	Credit card balance: \$ _____
Gas (auto):	_____	
Other: _____:	_____	
Other: _____:	_____	
Other loans _____:	_____	
<b>Total expenses:</b>	<b>\$ _____</b>	

## Volunteer Opportunities

Volunteering is an excellent way to give back to JFS for the services we are providing to you and/or your family. We have many opportunities for you and your family to participate in throughout the year. We will be sending you information of these amazing volunteer opportunities. Please consider volunteering and giving back to JFS.

I hereby certify that all information I have provided is accurate and my statements of need are truthful. By signing below, I authorize JFS to share personal information collected about me or my family in its possession, including but not limited to name, address, and other personal and identifiable information, and the type of assistance requested or received from this organization, with vendors and other community agencies and resources in order to confirm the need for or provision of the requested assistance and/or coordinate available services and assistance. Please note that if at any time, a change in circumstance occurs; this must be communicated with the VP of Financial Services and Food Programs at JFS.

Date \_\_\_\_\_

**Give specific detailed information that you feel we should know about when processing your request for financial assistance.**

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