



Jewish Federation
OF CENTRAL NEW YORK

**APPLICATION FOR FEDERATION CAMBERSHIP FOR
JEWISH SUMMER OVERNIGHT CAMP**

Campership Application [] Scholarship Application []

Check one or both of these boxes. Financial information is ONLY required for need-based scholarships.

Name of Camper _____

Home Address _____

Date of Birth _____ Congregation (if any) _____

Grade & School _____ District _____

Parent #1 Name _____

Parent #2 Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Email _____

Email _____

Occupation _____

Occupation _____

Name of Camp _____

Camp Session Dates: _____ Total Camp Costs: _____

The signature of the parents/guardians is required attesting that all information provided is true and complete to the best of their knowledge.

Parent Signature _____

Date _____

FOR NEED-BASED SCHOLARSHIPS:

C a m p e r ' s
Name _____

Camp _____ Session dates _____

Camp-Related Expenses

Total Cost of Camp Session(s) \$ _____
Other Camp-Related Expenses \$ _____
Total Camp-Related Expenses \$ _____

Funding for Camp-Related Expenses

Camper's Own Contributions (Earned Income/Savings) \$ _____
Immediate Family Contributions (Parents/Siblings) \$ _____
Extended Family Contributions (Grandparents, etc.) \$ _____
Temple/Synagogue Contributions \$ _____
Camp Scholarship Contributions \$ _____
Other Funding Resources (Please identify source & amount) \$ _____
Total anticipated Camp-Related Contributions \$ _____

Funding requested: _____

Please identify any circumstances or issues which you consider relevant to this request.

Applications should be submitted to bdavis@jewishfederationcny.org or mailed to Barbara Davis, Jewish Federation of CNY, 5655 Thompson Road, DeWitt, New York 13214.