

JEWISH FEDERATION OF CENTRAL MA CAMP SCHOLARSHIP FORM
This scholarship is for Jewish children in the JFCM catchment area.

Camper's Name	
Date of Birth	
Grade as of Sept '24	
Father's Name	
Mother's Name	
Address	
City & Zip	
Home Phone	
Business Phone (Father)	
Business Phone (Mother)	
Parent Email	
Name of Camp Attending	
Dates Attending	
Cost of Camp	
Website of Camp	
1 st Time Camper in family yes/no	
Synagogue membership yes/no [If yes, which one]	
Did you receive a scholarship from JFCM in the past?	
Are you or have you applied for scholarships elsewhere? If so, where?	
Have you received notification that you will receive a scholarship? If so, for how much?	

Please complete in full and return to JFCM via email:
LThurlow@jfcma.org, Fax 508-798-0962 or mail:
 JFCM, 633 Salisbury Street, Worcester, MA 01609
 Any questions, please call 508-756-1543.

Deadline for submissions is 02/15/24

