

JEWISH FEDERATION OF CENTRAL MA CAMP SCHOLARSHIP FORM

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 (Attach confirmation letter from camp)	
Session Attending	
1st Time Camper in family?	
Synagogue	
Are you or will you be applying for other camp scholarships? If so, what?	
Form completed by	

Freelander Family Charitable Fund
Application deadline February 15, 2024.

