

Temple Emanu-El

Jewish Summer Overnight Camp

Scholarship Application Summer 2019

CAMPER'S NAME: _____ GRADE: _____ AGE: _____

PARENT/GUARDIAN 1: _____ PARENT/GUARDIAN 2: _____

PARENTS MARITAL STATUS: MARRIED _____ SINGLE _____ DIVORCED _____ WIDOWED _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

GROSS ANNUAL FAMILY INCOME: \$ _____

PARENT/GUARDIAN 1 GROSS ANNUAL INCOME: \$ _____ PARENT/GUARDIAN 2 GROSS ANNUAL INCOME: \$ _____

WHAT FINANCIAL CONSIDERATIONS WE SHOULD BE AWARE OF? _____

WHAT IS YOUR CURRENT DUES LEVEL AT TEMPLE EMANU-EL? SHOMREI: ___ STANDARD: ___ YOUNG: ___ ADJUSTED: ___

DO YOU CURRENTLY RECEIVE A SCHOLARSHIP FOR TEMPLE EMANU-EL RELIGIOUS SCHOOL FEES? YES _____ NO _____

CAMP NAME: _____ LOCATION: _____

CAMP MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

LENGTH OF PROGRAM: _____ WEEKS CAMP FEE: \$ _____

HOW MUCH ARE YOU ABLE TO PAY TOWARDS THE CAMP FEE? \$ _____

You are encouraged to seek additional funds. Funds may be available through the camp or other communal organizations and institutions.

HAVE YOU APPLIED TO THE JEWISH FEDERATION? YES _____ NO _____ AMOUNT REQUESTED \$ _____

HAVE YOU APPLIED DIRECTLY TO THE CAMP? YES _____ NO _____ AMOUNT REQUESTED \$ _____

WHAT ADDITIONAL SOURCES OF FUNDING HAVE YOU INVESTIGATED? _____

AMOUNT YOU HAVE BEEN ABLE TO SECURE? (FROM OTHER SOURCES): \$ _____

SCHOLARSHIP APPLICATION MUST BE RETURNED BY FEBRUARY 19, 2019
Scholarships will be awarded in March and you will be notified at that time.
All scholarship funds awarded will be sent directly to the camp program.

PARENT/GUARDIAN 1 SIGNATURE: _____ DATE _____

PARENT/GUARDIAN 2 SIGNATURE: _____ DATE _____

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