

**Jewish Federation of the Bluegrass, Inc.**  
**Application for Campership**

Jewish Federation of the Bluegrass (JFB) is pleased to offer needs-based scholarships for Jewish youth in central Kentucky to attend non-profit Jewish summer camp programs across the United States. These programs may include overnight summer camps or our local Camp Shalom day camp. *[If you are applying for financial aid to attend an Israel travel program through one of these camps, please request and complete the Israel Scholarships application.]*

Identifying Information:

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Requested Campership:

Name of Camp Applying For: \_\_\_\_\_

Name of Camp Session (W/M/Yr): \_\_\_\_\_

Tuition for Session: \$ \_\_\_\_\_ Transportation Cost: \$ \_\_\_\_\_

Deadline for: Final Application: \_\_\_\_\_ Full payment: \_\_\_\_\_

Amount Family is Able to Pay: \$ \_\_\_\_\_

Amount Requested from the Federation: \$ \_\_\_\_\_

*(Jewish Federation will fund a maximum of 60% of cost)*

Total Amount Requested from Other Sources: \$ \_\_\_\_\_

Name of Other Sources of Funding *(Please note whether such funding is secured or applications are in process.):* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Children Attending Camp:

1. Name: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Financial Assistance: \_\_\_\_\_ Source: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Financial Assistance: \_\_\_\_\_ Source: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Financial Assistance: \_\_\_\_\_ Source: \_\_\_\_\_

Family Income:

Total Family Income (*Gross derived from all sources*): \$ \_\_\_\_\_

Total Number of Dependents: \_\_\_\_\_

Extenuating Circumstance of Family Income:

(*Include information you would like considered for this application.*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Agreement:

I/we understand all decisions are made by an anonymous committee.

If additional information is needed by the committee in consideration of this application, a liaison for the committee may contact you on behalf of the committee.

I/we understand that this application must be completed in entirety and a copy of the family's federal tax return (1040) for the year 2018 must be attached.

In the event that a campership is awarded, but the child does not attend camp, I/we will notify the Jewish Federation of the Bluegrass immediately.

I/we affirm that the information on this application is true to the best of my/our knowledge.

\_\_\_\_\_  
Signature(s) of Parent(s)

Please send to: Jewish Federation of the Bluegrass, Inc.  
Attn: Campership/Scholarship Committee  
1050 Chinoe Road, Suite 112  
Lexington, KY 40502

Contact: Paula Mertens, Jewish Family Services Director, at (859) 269-8244 or  
jfs@jewishlexington.org

**Application deadline for all camp programs is: April 1, 2019.**