Jewish Overnight Camping Funds of the Dallas Jewish Community Foundation

2024 Camp Scholarship Application

Family Eligibility:

To be eligible to apply for a scholarship, a family must:

- Demonstrate financial need
- Live in Dallas, Denton or Collin County
- Have camper(s) entering 3rd 12th grade in fall 2024

Camp Eligibility:

The camp must be a nonprofit Jewish overnight camp.

New this year:

Students through 12th grade are eligible.

We welcome all applicants who fit the need, age criteria, and eligibility requirements. Repeat applicants will be considered, with priority given to first-time campers. Applications will be considered only if completely filled out.

Application Close Date:

Jan. 8, 2024. Applications not emailed to DJCF by this date will not be considered.

Application Review:

To maintain fairness and objectivity, no application is reviewed until after the process closes and all applications are in.

To fill out this form please download to your computer first.

Open it from your computer, fill out the form fields and save it.

You can then email the document to

campscholarships@djcf.org.

All information in your application is held in strict confidence.

Applications are reviewed anonymously.

If you have a question, please contact us at campscholarships@djcf.org or 214-615-5253.



2024 Camp Scholarship Application

CAMPER 1 INFORMATION:

Name:		Home Phone:
Address:		
		Zip Code:
Age:	_ DOB (mm/dd/yyyy):	
School Attending:		Grade in fall:
First time attending camp: \	Yes No	
If recipient of previous DJCI	camp scholarship, year(s) re	eceived
Camp Information:		
Name of Camp:		Phone:
Address:		
City:	State:	Zip Code:
Session Dates: from	to	
-		Zip Code:
_	_ DOB (mm/dd/yyyy):	
		Grade in fall:
First time attending camp: Y		ogojivo d
if recipient of previous DJC	· camp scholarship, year(s) fe	eceived
Camp Information:		
Name of Camp:		Phone:
Address:		
City:	State:	Zip Code:
Session Dates: from	to	



CAMPER 3 INFORMATION:

Tunic.		Home Phone:
Address:		
City:	State:	Zip Code:
Age:	DOB (mm/dd/yyyy):	
School Attending:		Grade in fall:
First time attending camp: Ye	es No	
If recipient of previous DJCF	camp scholarship, year(s)	received
Camp Information:		
Name of Camp:		Phone:
Address:		
		Zip Code:
City:	State:	
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Session Dates: from If applying for more than to email with this application PARENT/GUARDIAN INFO Parent/Guardian 1 Name: Place of Employment: How long employed there: Cell/Work Phone: Parent/Guardian 2 Name:	tototothree children, please pro	vide answers for the previous questions _OccupationFull or part time employment: _Email: _Occupation



Who does the camper live with? **Please do not include names**. Instead, use sister, mother, uncle, etc.

SAMPLE FORM		
Relationship to Camper (s)	DOB (mm/dd/yyyy)	Occupation
Mother	12/12/1978	Restaurant Manager
Sister	1/25/2007	Student
Grandfather	2/19/1943	Retired

Relationship to Camper (s)	DOB (mm/dd/yyyy)	Occupation



FUNDING INFORMATION:

CAMPER 1

Please complete the section below to indicate how you plan to cover the costs of the camp.

Please do not leave any portion blank or the application will not be reviewed for an award. If a question does not apply to you, please answer N/A.

Cost of the camp:	Parent/ Guardian contribution:	
We are unable to cover the e	tire cost of camp. You may need to apply for additional funding. Please indicate w	here
you applied and the amount	at you have requested and/or received:	
Amount of scholarship requ	ted from Dallas Jewish Community Foundation:	
CAMPER 2		
Cost of the camp:	Parent/ Guardian contribution:	
We are unable to cover the e	tire cost of camp. You may need to apply for additional funding. Please indicate w	here
you applied and the amount	at you have requested and/or received:	
Amount of scholarship requ	eted from Dallas Jewish Community Foundation:	
CAMPER 3		
Cost of the camp:	Parent/ Guardian contribution:	
We are unable to cover the e	tire cost of camp. You may need to apply for additional funding. Please indicate w	here
you applied and the amount	at you have requested and/or received:	
Amount of scholarship requ	sted from Dallas Jewish Community Foundation:	



Please tell us why your child (children) should be considered for this scholarship. Please include financial need and why this experience would be important to your child (children). Please do not share personal names.	
	_
	_
Please provide any other information that you feel would be useful to the committee.	



gnature of Parent/Guardian (type your name)	Date
gnature of Parent/Guardian (type your name)	Date
I understand that the DJCF office may contact me to see whe funding for camp. Other sources for funding include Jewisl Service(jcrs.org), a synagogue and the camp itself.	
☐ I give permission to DJCF to collaborate with other organiz assistance or scholarships to be used in DJCF's scholarship process.	ations that give camp
☐ I have confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that this camp is a nonprofit Jewish overnight confirmed that the con	amp located in United
☐ I attest to this application being true, correct, and complete to the and signed by the guardian.	e best of my knowledge
☐ I attest that I have filled <u>all the fields</u> of this application. I under Camp Advisory Committee only considers <u>complete</u> applications.	stand that the DJCF
household.	

Is your application complete? Please check all the following boxes:

Notification will occur by the end of January via email. The scholarship award will be sent directly to the camp only after the camp notifies the DJCF that the child is registered for the summer.

