

## JEWISH RESIDENT CAMPING GRANTS PROGRAM

### Instruction Sheet for Applicants

*Please read the entire Application carefully before completing.*

- I. Complete the application by typing or writing in **black ink** and submit no later than December 15, 2017. Approved grants will be distributed directly to the camps in January/February 2018.
- II. Jewish Camps must be sponsored by the various Conservative, Orthodox or Reform branches of Judaism, Zionist organizations, Jewish Community Centers or B'nai B'rith.
- III. For applicants seeking more than \$1,750, parent(s) or guardian(s) must submit the first two (2) pages of his/her/their most recent U.S. Individual Income Tax Return (1040). If the applicant files a separate return, please submit the first two pages of that form as well.
- IV. Applications must be postmarked no later than December 15, 2017. It is your responsibility to check with the Jewish Federation office to be sure that your application has been received by the December 15 deadline.
- V. Please send completed application to:

Executive Director  
Jewish Federation of Greater Chattanooga  
P.O. Box 8947  
Chattanooga, TN 37414

**JEWISH RESIDENT CAMPING GRANTS PROGRAM**  
**Program Qualifications and Guidelines**

The Jewish Federation of Greater Chattanooga (JFGC) will provide a one-time grant (The amount of the Grant will be based upon the number of applicants) for a recognized Jewish overnight camping experience. It is the intent of the JFGC to encourage our youngsters to have an intensive Jewish camping experience as part of their growing up. This grant reflects the Federation's desire to increase the number of young people who will have this opportunity. To be eligible for a Jewish Camping Grant, the applicant must:

- I. Have resided in the Chattanooga area and attended a school located within geographic area served by the JFGC for the school year immediately preceding departure for camp; and
- II. Reside within the geographic area served by the JFGC for a minimum period of twelve (12) months beginning upon return from camp; and
- III. Belong to a family whose head(s) [parent(s) or guardian(s)]:
  - A. Have contributed to the JFGC during the twelve (12) months immediately preceding the submission of the grant request; and
  - B. Are in financially current standing with the JFGC; and
  - C. Use the grant in the calendar year it is awarded for a Jewish Camp which is sponsored by an educational or religious organization and which is approved by the Jewish Camping Grants Committee and/or the Executive Director of the JFGC. The current Jewish Camps approved are sponsored by the Conservative, Orthodox or Reform branches of Judaism, Zionist organizations, Jewish Community Centers and B'nai B'rith.
- IV. Each individual may receive a Camp Grant one time. Second year and future year grants may be available for campers dependent upon needs of the applicant and total available funds. Priority is given to first time applicants, then second, third, etc.

The difference in cost between the program chosen and the grant from the JFGC will be the responsibility of the person requesting the grant. It will be agreed before, that if a grant is made but unused for any reason during the year the money, if advanced, will be returned within thirty (30) days of request to the JCF.

The JFGC retains the right to limit the number of Camp Grants awarded each calendar year.

Parent(s)/guardian(s) of the young person(s) granted funds will be required to sign a Liability Release.

Camping program qualifications, guidelines and application forms are available at the JFGC office, 493-0270. Applications must be submitted by December 15 for the following year in which the camping experience is planned.

- \*\* Special additional assistance may be available. A review of the applicant's financial situation must be requested from the Executive Director of the JFGC. Applicants seeking more than \$1,750 must submit the first two (2) pages of their parent(s) or guardian(s) last year's U.S. Individual Income Tax Return (1040).

V. Grant Recipients agree to:

- A. Report on the trip to the JFGC Board of Directors (if requested);
- B. Write an article for the *Shofar*;
- C. Be Prepared to report to various groups (BBYO, Synagogue, Religious Schools and Youth Groups, etc.); and

**JEWISH RESIDENT CAMPING GRANTS APPLICATION FORM**

*(Please type of print in black ink)*

DATE \_\_\_\_\_

**I. GENERAL INFORMATION**

A. PARTICIPANT'S NAME \_\_\_\_\_  
LAST FIRST MIDDLE

B. PERMANENT HOME ADDRESS \_\_\_\_\_  
NO. & STREET  
CITY STATE ZIP

C. PHONE NUMBER \_\_\_\_\_

D. MALE OR FEMALE \_\_\_\_\_

E. APPLICANT'S SOCIAL SECURITY NUMBER \_\_\_\_\_

F. BIRTHDATE \_\_\_\_\_

G. NAME OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

H. PARENT(S) OR GUARDIAN(S) OCCUPATION \_\_\_\_\_

I. ADDRESS (if different from student) \_\_\_\_\_  
NO. & STREET

\_\_\_\_\_  
CITY STATE ZIP

J. PHONE NUMBER \_\_\_\_\_

K. PARENTAL MARITAL STATUS \_\_\_\_\_ (Single/Married/Divorced/Widowed)

L. FATHER'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. & STREET

\_\_\_\_\_  
CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_

M. MOTHER'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
NO. & STREET

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PHONE NUMBER \_\_\_\_\_

N. TOTAL NUMBER OF DEPENDENTS IN FAMILY  
(including applicant) \_\_\_\_\_

O. NAMES AND AGES OF  
SIBLINGS \_\_\_\_\_

P. IF YOU HAVE SIBLINGS WHO ARE PRESENTLY ATTENDING A COLLEGE OR UNIVERSITY, PLEASE SUPPLY THE FOLLOWING INFORMATION. (*Attach an additional sheet if necessary.*):

NAME \_\_\_\_\_  
NAME OF SCHOOL \_\_\_\_\_  
YEAR IN SCHOOL \_\_\_\_\_  
PROGRAM\* \_\_\_\_\_  
NAME \_\_\_\_\_  
NAME OF SCHOOL \_\_\_\_\_  
YEAR IN SCHOOL \_\_\_\_\_  
PROGRAM\* \_\_\_\_\_  
\*e.g., B.A., Ph.D., M.D., etc.

Q. FAMILY CONGREGATIONAL AFFILIATION \_\_\_\_\_

R. DO YOU OR YOUR FAMILY CONTRIBUTE TO THE JEWISH COMMUNITY FEDERATION CAMPAIGN?  
YOU: YES \_\_\_\_\_ NO \_\_\_\_\_ FAMILY YES \_\_\_\_\_ NO \_\_\_\_\_

## II. THE PROGRAM

A. NAME AND MAILING ADDRESS OF CAMP PROGRAM

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B. NAME OF SPONSORING ORGANIZATION \_\_\_\_\_

C. DATES OF PROGRAM \_\_\_\_\_

D. PLEASE DESCRIBE BRIEFLY THE PROGRAM FOR WHICH YOU ARE REQUESTING A GRANT. (*Attach a brochure of the program if you have one.*)

E. PLEASE EXPLAIN BRIEFLY WHY YOU WISH TO PARTICIPATE IN THIS PROGRAM AND WHAT YOU HOPE TO ACCOMPLISH. (*Attach an additional sheet if necessary.*)

## III. FINANCIAL DATA

A. PLEASE DESCRIBE THE COSTS OF THIS PROGRAM IN DETAIL. (*Attach an additional sheet if necessary.*)

B. WILL YOU BE RECEIVING ANY OTHER FINANCIAL ASSISTANCE TO PARTICIPATE IN THIS PROGRAM? IF YES, PLEASE INDICATE IN DETAIL THE SOURCE AND AMOUNTS. (*Attach an additional sheet if necessary.*)

C. PLEASE STATE THE DOLLAR AMOUNT OF THE GRANT YOU ARE REQUESTING TO HELP MEET THE EXPENSES OF THE PROGRAM. \$ \_\_\_\_\_

## IV. ACTIVITIES

A. PLEASE DESCRIBE BRIEFLY YOUR EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL OR COLLEGE. (*Attach an additional sheet if necessary.*)

B. PLEASE DESCRIBE BRIEFLY YOUR JEWISH EDUCATION AND ACTIVITIES IN THE JEWISH COMMUNITY.

*(Attach an additional sheet if necessary.)*

**JEWISH RESIDENT CAMPING GRANTS  
ADDITIONAL FINANCIAL AID REQUEST FORM**

I. PLEASE STATE THE DOLLAR AMOUNT YOU HOPE TO RECEIVE IN ADDITIONAL FINANCIAL AID TO MEET THE EXPENSES OF THE PROGRAM. \$ \_\_\_\_\_

II. \*FINANCIAL NEED WITHIN THE FAMILY UNIT IS CONSIDERED IN AWARDING GRANTS. PLEASE EXPLAIN IN DETAIL THOSE FINANCIAL CONDITIONS WHICH YOU FEEL SHOULD BE BROUGHT TO THE ATTENTION OF THE EXECUTIVE DIRECTOR. (*Attach an additional sheet if necessary. All information is held in complete confidence.*)

III.\*DOES THE FAMILY RECEIVE CHILD SUPPORT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE PROVIDE DETAILS AND AMOUNTS.

IV. \*PLEASE SUPPLY FINANCIAL DATA FROM YOUR MOST RECENT TAX RETURN (FORM 1040).

A. ADJUSTED GROSS INCOME - FAMILY \$ \_\_\_\_\_

B. TAXABLE INCOME - FAMILY \$ \_\_\_\_\_

C. TOTAL FEDERAL AND STATE INCOME TAXES PAID - FAMILY \$ \_\_\_\_\_

D. TOTAL ITEMIZED DEDUCTIONS - FAMILY \$ \_\_\_\_\_

*(Attach the first two (2) pages of your most recent Form 1040.)*



**JEWISH FEDERATION  
JEWISH CAMPING GRANT  
LIABILITY RELEASE**

The Jewish Community Federation has made available to the child of the undersigned parent(s) a cash grant for use during \_\_\_\_\_ to help defray the cost of attending an approved recognized Jewish Resident Camp experience. By accepting such grant, the undersigned parent(s), for themselves, their child and their respective heirs, personal representatives, successors and assigns, acknowledge and agree that the Jewish Community Federation, its agents and employees, shall not be liable for any loss, injury or damage to the person or property of them or their child that may occur in connection with, or arising out of, the trip to Camp, and further agree not to assert any claim of any nature against the Jewish Federation or its agents and employee arising therefrom.

\_\_\_\_\_  
STUDENT'S NAME (*Please print*)

\_\_\_\_\_(SEAL)  
SIGNATURE OF FATHER/GUARDIAN\*

\_\_\_\_\_(SEAL)  
SIGNATURE OF MOTHER/GUARDIAN\*

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_

*\*If guardian, please attach guardianship documentation.*

**RECOMMENDATIONS**

FORWARD THE ATTACHED RECOMMENDATION FORM TO A PERSON WHO CAN ATTEST TO YOUR PERSONAL CHARACTER. RECOMMENDATIONS MAY INCLUDE RABBIS, YOUTH ADVISORS, TEACHERS, ETC. *(Attach an additional sheet if necessary.)*

ALL INFORMATION STATED ABOVE IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNATURE OF PARENT OR GUARDIAN

**CHECKLIST**

HAVE YOU DONE THE FOLLOWING:

- \_\_\_\_\_ FULLY COMPLETED THE APPLICATION FORM?
- \_\_\_\_\_ SIGNED THE APPLICATION FORM *(must be signed by parent or guardian and applicant)?*
- \_\_\_\_\_ ENCLOSED THE FIRST TWO (2) PAGES OF THE MOST RECENT FORM 1040 *(for participants requesting additional financial aid)?*
- \_\_\_\_\_ SIGNED THE LIABILITY RELEASE?
- \_\_\_\_\_ SENT RECOMMENDATION FORM TO APPROPRIATE PERSON?

**CONFIDENTIAL RECOMMENDATION FORM**

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PROGRAM \_\_\_\_\_

DEAR \_\_\_\_\_  
(Name of Person Providing Recommendation)

THE ABOVE-NAMED APPLICANT FOR A JEWISH COMMUNITY FEDERATION JEWISH RESIDENT CAMPING GRANT'S PROGRAM HAS PROVIDED YOUR NAME AS ONE WHO IS ABLE TO ATTEST TO HIS/HER PERSONAL CHARACTER AND/OR ABILITIES. PLEASE REPLY DIRECTLY TO THE EXECUTIVE DIRECTOR AT THE ADDRESS BELOW BY DECEMBER 15. ALL INFORMATION SUPPLIED WILL BE HELD IN STRICT CONFIDENCE. (Attach an additional sheet if necessary.)

SIGNED \_\_\_\_\_

TYPE OR PRINT NAME \_\_\_\_\_

TITLE (if relevant) \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAIL TO:

Executive Director  
Jewish Federation of Greater Chattanooga  
P.O. Box 8947  
Chattanooga, TN 37414