

## CAMPERSHIP APPLICATION CHECKLIST

**SEND COMPLETED APPLICATION:**

Email to [michelle@ifcs.org](mailto:michelle@ifcs.org) or Efax to (844) 492-3928

**JFCS CAMPERSHIP APPLICATIONS WILL BE ACCEPTED FROM:**

- JANUARY 15, 2020 THRU MARCH 1, 2020\*

**APPLICATION INFORMATION:**

- Personal Information Form (attached)
- Monthly Income & Expense Form (attached)
- Personal Financial Statement Form (attached)
- Fund Request Form (attached)

**ADDITIONAL REQUIRED DOCUMENTS:**

- Confirmation letter from the summer camp your child will be attending
- Letter/Email from your congregation/temple on any camp funding (if applicable)
- Scholarship(s) from any other organization providing funds (if applicable)
- Current billing statement from your child's camp showing any deposits, payments made to date
- Financial aid award letter from your child's camp
- Your 2019 Federal Tax Returns  
(no campership will be disbursed until the required tax return has been submitted)

**\*ALL QUALIFIED APPLICANTS WILL BE CONSIDERED FOR A CAMPERSHIP ON A  
FIRST COME/FIRST SERVED BASIS.**

# Campership Scholarship

JFCS of San Francisco, the Peninsula, Marin & Sonoma Counties

Applicant (child's) Name: _____		Date of Birth: _____	
Permanent (home) Address: _____			
E-mail (Child's): _____		Cell Phone: (____) _____	
Name of child's K-12 <sup>th</sup> School: _____			
Jewish summer camp attending: _____			
Address of summer camp: _____			
Name of summer camp program: _____			
Length of program: _____		Dates of attendance: _____ / _____	
		Start Date	End Date
How did you learn about our Campership Program? _____			
If you are a past JFCS campership recipient, please indicate the following:			
_____		_____	
Date awarded campership		amount received	
_____		_____	
Date awarded campership		amount received	

## PERSONAL INFORMATION FORM

PLEASE CHECK ONE OF THE FOLLOWING:

Information below is for: \_\_\_\_\_ Parent (P) \_\_\_\_\_ Legal Guardian (L)

(P)(L)#1Name: \_\_\_\_\_ Email: \_\_\_\_\_

(P)(L)#2Name: \_\_\_\_\_ Email: \_\_\_\_\_

(P)(L) #1Permanent Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

(P)(L) #1Permanent Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

(P)(L)#1Cell Phone: (\_\_\_\_) \_\_\_\_\_ (P)(L)#2 Cell Phone : (\_\_\_\_) \_\_\_\_\_

(P)(L)#1 Job: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

(P)(L)#2 Job: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

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## PARENT YEARLY INCOME & EXPENSE FORM

### INCOME

Wages (1)  
Self-Employment Income (1)  
Social Security/SSI/SSDI Payments  
Interest & Dividends  
Net Rental Income (2)  
Alimony/Child Support  
Family Support  
Distributions Received From:  
    Trusts  
    Partnerships  
    Other: \_\_\_\_\_  
\_\_\_\_\_

### TOTAL YEAR INCOME

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

**TOTAL INCOME:**

\$ \_\_\_\_\_

### EXPENSES

Rent  
Mortgage  
Utilities  
Food  
School Tuition  
School Supplies - books  
Transportation (3)  
Clothing  
Alimony/Child/Family Support  
Insurance:  
    Health  
    Automobile  
    Homeowner/Renter  
    Life/Disability  
Liability Payments:  
    Credit Card Payments  
    Education Loan Payments(4)  
    Business Loan Payments  
Taxes (5)  
    Other: \_\_\_\_\_  
\_\_\_\_\_

### TOTAL YEAR EXPENSE

\_\_\_\_\_  
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**TOTAL EXPENSES:**

\$ \_\_\_\_\_

### **NET SURPLUS:**

\$ \_\_\_\_\_

- (1) Gross wages/receipts minus all deductions.
- (2) Gross rents minus all deductions, EXCEPT depreciation.
- (3) If you own a vehicle, include all vehicle costs plus monthly auto loan/lease payment.  
    If you do not own a vehicle, list the cost of local public transportation.
- (4) Do **not** include loans that have payments starting **after** the completion of program/school.
- (5) Include back taxes, property taxes, garnishments etc.

# Campership Scholarship

JFCS of San Francisco, the Peninsula, Marin & Sonoma Counties

## PARENT'S PERSONAL FINANCIAL STATEMENT FORM

ASSETS		LIABILITIES	
Cash in Banks (Schedule 1)	\$ _____	Loans Payable (Schedule 5)	\$ _____
Stocks & Bonds(Schedule 2)	\$ _____	Mortgages (Schedule 4)	\$ _____
Retirement Funds	\$ _____	Installment obligations & Personal loans (Schedule 5)	\$ _____
Personal Property (exclude real estate & vehicles)	\$ _____	Unpaid Federal/State Taxes	\$ _____
Vehicles (Schedule 3)	\$ _____	Other Liabilities:	
Real Estate (Schedule 4)	\$ _____	_____	\$ _____
Notes Receivable	\$ _____	_____	\$ _____
Other Assets	\$ _____	_____	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
		<b>ASSETS minus LIABILITIES</b>	<b>\$ _____</b>

## PARENTS PERSONAL FINANCIAL STATEMENT SCHEDULES

### Schedule 1 Cash in Banks (Include Money Market Accounts, Treasury Notes & Certificates)

Name of Bank	Account # (only last 4 digits)	Present Balance
_____	_____	\$ _____
_____	_____	
_____	_____	
<b>TOTAL</b>		<b>\$ _____</b>

### Schedule 2 Stocks and Bonds

Investment Type	Description	Current Market Value
_____	_____	\$ _____
_____	_____	
_____	_____	
<b>TOTAL</b>		<b>\$ _____</b>

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## PARENT'S PERSONAL FINANCIAL STATEMENT SCHEDULES (continued)

**Schedule 3 Vehicles (Include Autos, Trucks, RV's, Boats, Motorcycles & Trailers)**

Model Year	Make & Model	Date Purchased	Original Cost	Current Value	Loan Balance	Monthly Payment
			\$	\$	\$	\$
<b>TOTALS</b>			\$	\$	\$	\$

**Schedule 4 Real Estate (Indicate type: P-Principal Residence, V-Vacation Property, R-Rental Property)**

Type of Real Estate	Date Purchased	Original Cost	Current Value	Percent You Own	Mortgage Balance	Monthly Payment
		\$	\$	%	\$	\$
<b>TOTALS</b>		\$	\$		\$	\$

**Schedule 5 Installment Obligations and Other Personal Loans (Include all credit cards, education loans, business loans & personal loans)**

Creditor's Name	Account # (only last 4 digits)	Current Obligation	Monthly Balance	Monthly Payment
			\$	\$
<b>TOTAL</b>			\$	\$

I certify that all information provided by me/us is true, correct and complete. I authorize you to make inquiries about me/us for the purpose of evaluating this application, including obtaining credit bureau reports and contacting my/our employer(s) for verification. I/we also authorize you to provide credit information about your credit experience with me/us to other creditors and credit reporting agencies.

X \_\_\_\_\_ Date: \_\_\_\_\_  
P1/L1 Signature

X \_\_\_\_\_ Date: \_\_\_\_\_  
P2/L2 Signature

# Campership Scholarship

JFCS of San Francisco, the Peninsula, Marin & Sonoma Counties

## Fund Request Form

**SCHEDULE OF COSTS FOR \_\_\_\_\_ WEEKS:**

Camp Tuition	\$ _____
Supplies	\$ _____
Transportation	\$ _____
Other:	
_____	\$ _____
_____	\$ _____

**TOTAL CAMP COSTS:** \$ \_\_\_\_\_

**FUNDS AVAILABLE FOR CAMP:**

**GRANTS**

Camp Financial Aid ( <b>pending</b> )	\$ _____
One Happy Camper Scholarship (if eligible)	\$ _____
Congregation/Temple funding	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

**OTHER SOURCES**

Parent Contributions	\$ _____
Relative Contributions	\$ _____
Applicant's Earnings	\$ _____

**TOTAL INCOME:** \$( \_\_\_\_\_ ) NET

**FUNDS NEEDED:** \$ \_\_\_\_\_