

Denver Jewish Day Camp
Scholarship Application
Confidential Application for Financial Assistance

Date of Application: _____

Please complete all following questions in full and attach the necessary documents (photocopies only) and return to Denver Jewish Day Camp.

Balance of the allocation must be paid in full.

Personal Information

Father's Name: _____ E-mail: _____

Home Phone Number: _____ Work Phone Number: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Mother's Name: _____ E-mail: _____

Home Phone Number: _____ Work Phone Number: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Address: _____ City, State, Zip _____

Name and ages of child(ren) you are requesting assistance for: _____

Name and ages of child(ren) of other children in the household: _____

Single-parent household? Yes No

Your present gross income level is:

- Under \$20,000 \$20,001 to \$25,000 \$24,001 to \$25,000 \$25,001 to \$30,000
 \$30,001 to \$35,000 \$35,001 to \$40,000 \$40,001 to \$45,000 \$45,001 to \$50,000 Over \$50,000

Employer's Name, Address and Telephone number of:

Father: _____

Mother _____

What is the reason you need to request this scholarship?

- What is the absolute most you can pay per week for your child? _____.
- How many children would you like to sign up to camp? _____
- How many weeks will each child be attending camp for? _____

Statement of Need:

Describe any special expenses or changes in family or economic circumstances over the past year that support your request for financial aid this year. Include known events in 2025 that will impact your family. Please mention if you are a single parent, first generation émigré, special needs family member, or have multiple children attending. OR if a parent has lost their job or work hours were reduced, please indicate the date, the estimated cost of this change, and which parent (one or both parents) was affected. The more details you provide, the better our committee can understand your situation.

What is your family’s total income before deductions? (include wages of all working members, husband & wife, welfare payments, social security and all other income).

Weekly: _____ Monthly: _____ Annually _____

SIGNATURE:

- I certify that all of the information is true and that all income is reported. I understand that the information is being given to the scholarship committee in order to evaluate the need for a scholarship, and that all information submitted will be kept confidential.

- I understand that if this information is found to be false, I may be disqualified from receiving aid and may be required to return any funds received. _____
- I give permission to the fund committee to verify the accuracy of my statement of need and my application or researching any other information on this application. _____

Falsification of any information for consideration of financial assistance, DJDC will immediately revoke any granted assistance.

ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE