

Dear Friend of the JCCGV,

Thank you for your interest in the JCCGV Camp Shalom! We are pleased to be able to offer scholarships for a limited number of JCC camp applicants.

If you would like to apply for a "Campership", please complete the attached Scholarship Application Form ("Form") and submit it with:

- Required tax forms (see Form for details)
- The appropriate camp program application
- Any required program application fees

A Campership/Scholarship Application Form must be submitted by anyone requesting scholarship assistance, even if you have received assistance in the past. The Camp Scholarship Committee will review the application. All materials and personal information will be held in the **strictest confidence**.

The deadline for submitting your application is .....

Please read the attached Scholarship Criteria before completing the Form. Should you have any questions about Camperships, please call Shirley Goldstein at 604.257.5147

We look forward to your participation in the JCC Summer Camp Shalom!

Sincerely,

Eldad Goldfarb  
Assistant Executive Director

**Jewish Community Center of Greater Vancouver**  
**Scholarship Criteria**

1. All requests for scholarships are subject to and limited by available funds.
2. All applicants for campership must submit a JCCGV Scholarship Application Form ("Form"), along with required attachments (e.g., tax returns). Only completed Forms with required attachments will be considered.
3. Receipt of a Form does not guarantee that a scholarship will be awarded.
4. Generally, Forms for summer camp will be reviewed during the months of March and April. An interview in person or by phone may be held with the applicant as part of the review process. Applicants will be notified of scholarship decisions as soon as possible.
5. Scholarship recipients must reapply every year by submitting updated financial information for JCCGV review (see Form for requirements).

Due to the limited availability of funds for scholarships, we request that if and when your financial circumstances improve, you consider paying back all or part of the assistance you received. This will maximize our ability to help others in similar circumstances.



## Jewish Community Centre of Greater Vancouver SCHOLARSHIP APPLICATION FORM

**PLEASE PRINT OR TYPE.** This application is to be completed fully on both sides and signed, with required supporting documents attached. A personal interview may be requested before consideration of your application. The information in the application will be held in strict confidence.

Name \_\_\_\_\_  
Last First

Have you or anyone in your family or household previously applied for or received a JCCGV Scholarship?

Prior Year(s): Yes \_\_\_ No \_\_\_ Current Year: Yes \_\_\_ No \_\_\_

Return completed Application Form to:

Jewish Community Center of Greater Vancouver  
950 West 41<sup>st</sup> Ave  
Vancouver, BC V5Z 2N7  
(604) 257-5111

### For Office Use Only:

Date Received: \_\_\_\_\_

\_\_\_ Summer \_\_\_ Winter \_\_\_ Spring \_\_\_ Pesach

\_\_\_ KT \_\_\_ SM \_\_\_ BA \_\_\_ BB

\_\_\_ TZ \_\_\_ HA \_\_\_ LIT \_\_\_ CIT

\_\_\_ After Camp Care

\_\_\_ Session 1 \_\_\_ Session 2

\_\_\_ Session 3 \_\_\_ Session 4

Regular Fee \$ \_\_\_\_\_

Adjusted Fee \$ \_\_\_\_\_

Payment Plan \_\_\_\_\_

Interviewer \_\_\_\_\_

Date Evaluated \_\_\_\_\_

### Family Information

Date: \_\_\_\_\_

#### Applicant:

Applicant's (adult's) Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

City, State, Zip

Status:  Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Years Employed There \_\_\_\_\_

Employer Address \_\_\_\_\_

#### Spouse/Partner/Other:

Applicant's (adult's) Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

City, State, Zip

Status:  Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Years Employed There \_\_\_\_\_

Employer Address \_\_\_\_\_

#### Others In Household:

<u>Name</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Relationship to Applicant</u>	<u>School Attending</u>	<u>Seeking Scholarship for this Person? (Yes or No)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**Requested Scholarship(s): CAMP SHALOM**

Indicate the type(s) and amount(s) of scholarship support you are seeking:

	<b>Total Cost Without Scholarship</b> (check with front desk or appropriate program office if unsure)	<b>Amount You Are Able To Pay</b>
<input type="checkbox"/> For _____ <i>(child's name)</i> <b>Camp</b> __ <b>Summer</b> __ <b>Winter</b> __ <b>Spring</b> __ <b>Pesach</b> <b>Group</b> (circle): KT SM BA BB TZ HA LIT CIT <i>(check all that apply)</i> <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Jr. Maccabi <input type="checkbox"/> After Camp Care Other (specify) _____	\$	\$
<input type="checkbox"/> For _____ <i>(child's name)</i> <b>Camp</b> __ <b>Summer</b> __ <b>Winter</b> __ <b>Spring</b> __ <b>Pesach</b> <b>Group</b> (circle): KT SM BA BB TZ HA LIT CIT <i>(check all that apply)</i> <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Jr. Maccabi <input type="checkbox"/> After Camp Care Other (specify) _____	\$	\$
<input type="checkbox"/> For _____ <i>(child's name)</i> <b>Camp</b> __ <b>Summer</b> __ <b>Winter</b> __ <b>Spring</b> __ <b>Pesach</b> <b>Group</b> (circle): KT SM BA BB TZ HA LIT CIT <i>(check all that apply)</i> <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Jr. Maccabi <input type="checkbox"/> After Camp Care Other (specify) _____	\$	\$
<b>TOTAL:</b>	\$	\$

**Required Attachments:**

The following documents must accompany the Scholarship Application. Failure to submit these may result in delay or denial of the application.

- Applicant Notice of Assessment or Applicant Spouse/Partner Notice of Assessment, if filing separately from CRA-Canada Revenue Agency.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

My signature certifies that the information contained in this application is correct to the best of my knowledge. I understand that any scholarship received as a result of the application is to be repaid when circumstances allow.