**Application for TAY Scholarship – Jewish Summer Overnight Camp**

Type **INSIDE** the gray boxes, they will expand.

**Name of Camper:** **Last name:** **First name:**

**Date of Birth:**

**School District Grade & School:**

**Member Name:**

**Address:**

**Home Phone:       Email:**

**Camper’s Participation in Jewish Learning, formal and informal:**

 **Current Jewish Education:**

**Plans for Jewish Education *next year*:**

 **Current Jewish Youth Group:**

 **Plans for Jewish Youth Group *next year*:**

 **Volunteer Activities:**

**Siblings attending camp?**

**Camp Information:**

**Name of Camp:**

**Address:       City, State, Zip:**

**Camp Contact Name:**

**Camp Contact Telephone:       Email:**

**Camp Session Dates:**

**Total Camp Costs:**

**Financial Information:**

**Other Financial Assistance:**

**Funding Requested:**

**Date:**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For office use:**

**Amount to be given Fund:**

**Approved by:       Date:**