



Ruth & Norman Rales Jewish Family Services

Center for Families & Children

Camp Scholarship Application

Date: _____

Print name (First Mother): _____ Middle: _____ (Last): _____

Age: _____ Did you apply Last Year _____

Print name (First Father): _____ (Middle): _____ (Last): _____

Age: _____

Address: _____ How long at current address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-mail: _____ Fax: _____

Mother's Employer: _____ Employer's phone: _____

Employer's address: _____

What is your occupation: _____

Applicant's marital status: Single Married Divorced Separated

Father's Employer: _____ Employer's phone: _____

Employer's address: _____

What is your occupation: _____

Applicant's marital status: Single Married Divorced Separated

Child's Name _____ Age _____ Number Weeks Attending Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Child's Name _____ Age _____ Number Weeks Attending Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Child's Name _____ Age _____ Number Weeks Attending Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Child's Name _____ Age _____ Number Weeks Attending Camp _____

Camp attending: _____ Cost: _____

Scholarship awarded from camp: _____ Scholarship Awarded from other organization: _____

Additional Household Members:

Name	Relationship	Age:	Employed?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Family Income:

SS / SSI / SSDI: \$ _____

Employment Wages: _____

Pension: _____

Unemployment: _____

Food Stamps: _____

Workers Comp: _____

Short or Long Term Disability: _____

Child Support: _____

Alimony: _____

Investments: _____

Other income: _____

Total Income: \$ _____

Monthly Expenses:

Rent/Mortgage: \$ _____ Mortgage balance: \$ _____

Electric/ Water / Gas: _____

Phone (cell, cable & internet) _____

Car payment: _____ Loan balance: \$ _____

Car insurance: _____ Type/year of vehicle: _____

Health/Life insurance: _____

Other insurance: _____

Food: _____

Medication: _____

Credit cards: _____ Credit card balance: \$ _____

Gas (auto): _____

Other: _____:

Other: _____:

Other loans _____:

Total expenses: \$ _____

