



Jewish Community Alliance of Northeast Pennsylvania
Day Camp Scholarship Application

Name _____ Birth Date _____

Marital Status (check one): Married Single Divorced Widowed Separated

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

E-mail Address _____

Employer _____ Position _____

Work Phone _____ Length of Employment _____

Salary _____ Monthly Gross _____

Spouse/Partner Name _____ Birth Date _____

E-mail Address _____

Employer _____ Position _____

Work Phone _____ Length of Employment _____

Salary _____ Monthly Gross _____

DEPENDENTS:

Name _____ Birth Date _____ Grade/School _____

Name _____ Birth Date _____ Grade/School _____

Name _____ Birth Date _____ Grade/School _____

Name _____ Birth Date _____ Grade/School _____

Name _____ Birth Date _____ Grade/School _____

INCOME SOURCES (Please list annual income before tax): Child Support \$ _____

Alimony \$ _____ S.S.I. \$ _____ Unemployment Comp. \$ _____

Soc. Security \$ _____ Food Stamps \$ _____ Worker's Comp. \$ _____

Interest/Dividends \$ _____ Pension \$ _____ Salaries \$ _____

Total Income \$ _____

REQUIRED DOCUMENTATION: • Most recent Federal 1040 Tax Return • Most recent pay stub, W-2 and/or Social Security award letter

CERTIFICATION:

The information provided herein, to the best of my knowledge, is true, accurate and complete.

Signature Date

Financial Assistance is reviewed and awarded by the Scholarship Committee.

All Information Is Strictly Confidential

Please submit your application along with required documentation and camp registration form.

PLEASE RETURN THIS FORM TO:

Friedman JCC 613 S.J. Strauss Lane Kingston PA 18704

Attn. Doug Miller – Camp Director

Questions? Contact Doug Miller at (570) 824-4646 ext 214 or Email campdir@icanepa.org