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 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page 1 REQUIRED DOCUMENTATION: • Most recent 2023 Federal 1040 Tax Return • Most recent pay stub, W-2 and/or Social Security award letter. Include All Household Income / Including Child Support and Alimony. Deadline for submission is May 1st 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 all required documentation and camp registration form. PLEASE RETURN THIS FORM TO: Friedman JCC 613 S.J. Strauss Lane Kingston PA 18704 Attention: Michele Newberry, Development Director