The Jewish Community Center of Greater Baltimore is committed to providing Jewish summer camp experiences for local youth. We are offering need-based scholarships to enable as many children as possible to enjoy part or all of their summer at one of our J Camps, J Day Camp, Noah’s Ark Camp, Camp Ami, Habima Arts Camp, Maccabi Sports Camp or Tennis Camp. Additionally, we are providing needs based scholarships for the JCC Maccabi Games and ArtsFest. In an effort to streamline the financial assistance process the JCC will attempt to complete most scholarships through this written process.

In some instances we may need to contact you for a face-to-face interview. The goal of the JCC summer scholarship program is to offer a procedure for awarding financial assistance that provides for a fair and equitable distribution of available funds while also maintaining confidentiality and dignity of the family applying for the funds.

Scholarship Procedures:
1) Please review the guidelines carefully.

2) In order to be eligible for a scholarship you must have a current JCC membership which lasts through the duration of the program.

3) You must sign up for 4 weeks or more of camp in order to be eligible for scholarship.

4) Before applying for CAMP scholarship funds, please submit a camp registration form for all desired sessions for each camper as well as your $250.00 deposit for each camper. Camp registration can be found at https://gbjccamps.campintouch.com/ui/forms/application/camper/App

5) Before applying for JCC MACCABI scholarship funds, your child must have been selected to participate in the JCC Maccabi program and a deposit must be received.

6) Please attach a copy of IRS Form 1040 2019 or 2018 if you have not yet filed your 2019 taxes. **IF YOU DO NOT SUBMIT YOUR IRS FORM 1040 YOU WILL NOT BE ELIGIBLE FOR SCHOLARSHIP.**

7) Sign the camp scholarship application.

8) Forward all items, together with any additional attachments to:
   Ali Netzer
   Jewish Community Center
   5700 Park Heights Avenue
   Baltimore, MD 21215
   anetzer@jcc.org

9) Please adhere to the deadlines below:

<table>
<thead>
<tr>
<th></th>
<th>APPLICATIONS DUE</th>
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<tbody>
<tr>
<td>CAMP</td>
<td>April 20, 2020</td>
</tr>
<tr>
<td>JCC MACCABI</td>
<td>April 27, 2020</td>
</tr>
</tbody>
</table>
10) In order for your summer 2020 financial assistance application to be processed you may not have any prior balance due from summer 2019 programs.

11) You will need to sign and return the award letter within two (2) weeks of the receipt of the award letter. Acceptance of the scholarship requires a payment plan beginning in May 2020. Please contact Lynn Benton 410-559-3516 to set up a payment plan.

12) All scholarships will be based on need. Application for financial assistance does not guarantee the awarding of financial assistance. You will be notified by mail of the scholarship award. PLEASE NOTE DECISIONS WILL BE MADE ON A FIRST COME FIRST SERVED BASIS SO PLEASE DO NOT WAIT TO APPLY. APPLY AS EARLY AS POSSIBLE.

13) For the 2020 Camp Season the maximum scholarship will be 25%. If your family has extreme extenuating circumstances and 25% is insufficient please document that on the application. Wherever it is possible no one will be denied participation due to inability to pay the full fees.

14) For the 2020 JCC Maccabi season the maximum scholarship will be 40%. Wherever it is possible no one will be denied participation due to inability to pay the full fees. Payment must be made in full prior to start of games.

FINANCIAL ASSISTANCE IS AWARDED BASED ON THE FULL PRICE OF THE SUMMER EXPERIENCE. FOR ADDITIONAL INFORMATION PLEASE EMAIL ALI NETZER AT ANETZER@JCC.ORG
ADULT 1

Full Name______________________________________________________________

Date of Birth _____________________________

Address ________________________________________________________________

Home Phone_____________________________ Cell Phone _______________________

Business Phone_________________________ Email ____________________________

Employer _______________________________Title ____________________________

Annual Salary____________________________ Monthly Salary ___________________

Other Sources of Income ___________________ Monthly Amount__________________

ADULT 2

Full Name______________________________________________________________

Date of Birth _____________________________

Address ________________________________________________________________

Home Phone_____________________________ Cell Phone _______________________

Business Phone_________________________ Email ____________________________

Employer _______________________________Title ____________________________

Annual Salary____________________________ Monthly Salary ___________________

Other Sources of Income ___________________ Monthly Amount__________________
FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Child's Age as of 6/01/2020</th>
<th>Attended Jewish camp in past? If so where?</th>
<th>What program are you seeking assistance for?</th>
</tr>
</thead>
<tbody>
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</table>

Child(ren) lives with ( )Parent 1 ( )Parent 2 ( )Both ( )Legal Guardian (Relationship):

Child(ren) is (are) legal dependents of ( ) Parent 1 ( ) Parent 2 ( ) Both ( ) Legal Guardian

EDUCATION INFORMATION

Please provide the names of the educational program(s) in which your child(ren) participate.

<table>
<thead>
<tr>
<th>Camper 1</th>
<th>Camper 2</th>
<th>Camper 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewish Private School</td>
<td>Non-Jewish Private School</td>
<td>Public School</td>
</tr>
<tr>
<td>Religious/Hebrew School that meets once or twice per week</td>
<td>Jewish Youth Group</td>
<td>Other Jewish Education</td>
</tr>
</tbody>
</table>

SPECIAL NEEDS

Does your child(ren) have any special needs? If so, do those special needs present extraordinary financial hardship for your family? Please explain. Use additional paper, if necessary.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
FINANCIAL INFORMATION

Completion of this section is mandatory. Incomplete applications will not be considered.

Income
Adjusted Gross Income (Line 37 from IRS Form 1040) ........................................ $________
Income attributable to other adults (filing separately) living in household ......... $________
Child Support Received (if divorced/separated) .................................................. $________
Other forms of non-taxable income for all household members, for example
  Parsonage ........................................................................................................ $________
  Social Security ................................................................................................ $________
  SSI/SSD ............................................................................................................. $________
  Food Stamps .................................................................................................... $________
  SS Survivor’s Benefits .................................................................................... $________
  Other ............................................................................................................... $________
Total ............................................................................................................... $________

Expenses
Please Provide actual amount paid out-of-pocket after deducting any scholarships.
Child Support Paid (if divorced/separated) .......................................................... $________
Out of Pocket medical/dental expenses (if not listed under itemized deduction) .......................................................... $________
Synagogue Membership Fee .............................................................................. $________
Hebrew School Tuition ..................................................................................... $________
Jewish Day School Tuition ................................................................................ $________
Other Private School Tuition .......................................................................... $________
Older Children’s College Tuition ..................................................................... $________
Child Care Fees ............................................................................................... $________
Mortgage/Rent .................................................................................................... $________
Property Taxes ................................................................................................... $________
Utilities ................................................................................................................ $________
Car Payment(s) (Make _______ Model _______ Year ______) ................................ $________
........................................................................................................................ $________
Other (extraordinary expenses)......................................................................... $________
Please use the space below to provide additional information not reflected above to help guide us in the scholarship award process. (Use additional paper, if necessary)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I HEREBY STATE THAT THE INFORMATION SHOWN ON THIS FORM AND ALL SUPPORTING DOCUMENTATION IS ACCURATE. I UNDERSTAND THAT ANY SCHOLARSHIP OFFER MUST BE KEPT CONFIDENTIAL AND I AGREE TO DO SO.

________________________________________________________________________

Parent Signature Date

________________________________________________________________________

Parent Signature Date

For Official Use Only

Date Received _______ NET INCOME ________ CAMP AWARD__________ MEMBERSHIP AWARD ________