



Scholarship Aid Application

The SGI Scholarship Fund offers financial aid based on economic need. We offer partial scholarships and payment plans. The scholarships are awarded on a sliding scale and on a first come first served basis. We will typically give you an answer within a week.

PARENT #1 INFORMATION:

First Name

Last name

Phone Number

Employer

Job Title

City of Residence

Marital Status

Religious Affiliation

PARENT #2 INFORMATION:

First Name

Last name

Phone Number

Employer

Job Title

City of Residence

Marital Status

Religious Affiliation

CHILD #1 INFORMATION:

First Name

Last name

School Name

Public

Private

Grade (Upcoming Fall)

Which camp did this child attend last summer, if any?

What was the tuition amount?

Did you receive a camp scholarship last summer?

Yes

No

Unsure

If yes, please list amount

How many weeks do you want this child to attend SGI?

CHILD #2 INFORMATION:

First Name

Last name

School Name

Public

Private

Grade (Upcoming Fall)

Which camp did this child attend last summer, if any?

What was the tuition amount?

Did you receive a camp scholarship last summer?

Yes

No

Unsure

If yes, please list amount

How many weeks do you want this child to attend SGI?

CHILD #3 INFORMATION:

First Name

Last name

School Name

Public

Private

Grade (Upcoming Fall)

Which camp did this child attend last summer, if any?

What was the tuition amount?

Did you receive a camp scholarship last summer?

Yes

No

Unsure

If yes, please list amount

How many weeks do you want this child to attend SGI?

Would you be willing to help the camp out in exchange for some of your camp fees?

If yes, do you have any particular skills that you would like to share with our campers or staff or any other bartering ideas?

STATEMENT OF NEED

Describe any circumstances that support your request for financial aid. The more details you provide, the better we can understand your situation.

REFERENCE

Please provide a personal or synagogue reference who may be contacted to confirm the information provided.

Name Phone #

TUITION FEES INFORMATION

Amount of full tuition What can you pay towards camp tuition?

Will you need transportation or extended care?

How much can you receive from other sources (friends or family)?

Please explain source

Funding from any other agencies or grants (Synagogue/Temple, Jewish Federation, JFLA, etc.)

Please explain source

Total amount requested

SIGNATURE

I confirm that all the information contained above is accurate to the best of my knowledge.

Signature Date

E-mail