

Date \_\_\_\_\_



Mount Zion Temple

# JEWISH SUMMER CAMP SCHOLARSHIP APPLICATION

For Summer 2018

**Application due date: Feb 26<sup>th</sup>.**

*Please answer all questions. Application must be fully completed for consideration. Notification of scholarships will be made after March 15th. Committee members review applications without names, keeping your financial, personal information confidential.*

Scholarships will be awarded on the basis of several criteria including: financial need, youth participation, and the number of scholarships requested from Mount Zion.

**Please note:** All households who have past due pledges to Mount Zion Temple will not be eligible for scholarships until the past due balance is paid in full or until arrangements have been made with the Executive Director. Please be in touch with Larry Solomon [lsolomon@mzion.org](mailto:lsolomon@mzion.org).

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**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent(s)/Guardian(s)/Adult Applicant Name(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If applicable) Which parent/guardian should be notified about the scholarship?**

\_\_\_\_\_

**Scholarship Requested For:** (this information is required and all lines must be completed for consideration of application):

Name of Jewish Summer Camp: \_\_\_\_\_

How many summers has the child attended this camp? \_\_\_\_\_

Name of Program at Camp: \_\_\_\_\_

Cost of Program \_\_\_\_\_

Amount of Scholarship Request from Mount Zion \_\_\_\_\_

Amount of Scholarship requested (if any) from Camp: \_\_\_\_\_

Amount of Scholarship requested (if any) from Federation or other source: \_\_\_\_\_

**(Please note: This form must be fully completed or the application cannot be considered.)**



Has the participant received a camp scholarship from Mount Zion in the past? (If yes, please share when and for what program(s).)

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Has the participant been involved in Mount Zion Religious School, Chai School, and youth programs for his/her age? If yes, please describe his/her involvement.)

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Combined Family Earned Income (If divorced, income of both parents/guardians. Include all forms of income):

\$20,000 or less	\$20,000 – 40,000	\$40,000 – 60,000	\$60,000 – 80,000
	\$80,000 – 100,000	\$100,000-\$150,000	Above \$150,000

Please list other sources of income which have been reported on your most recent tax return (i.e. bank interest, rental income, income from stocks and bonds, etc.):

Item	Amount
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Did you incur any extraordinary expenses this year (e.g. medical expenses or legal fees)? Please specify, including amount. Use additional paper if necessary.

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**One of the following questions should be answered by the camper. Please provide the answer as an essay (age appropriate). The essay may be on a separate page and attached to this application.**

Grades 2-5: Why do you want to participate in this program?

Grades 6-12: Why do you want to participate in this particular program? And, how does (or would) camp help your understanding of being Jewish?

**Mount Zion Temple, 1300 Summit Avenue, Saint Paul, MN 55105**  
Attn: Julie Beckman

**Deadline: February 26<sup>th</sup> 2018**

Our Scholarship Committee will meet in March to review all applications  
(with names and identification information removed) to make all  
decisions.

**Revised 3/7/13**