

United Jewish Fund of Charlottesville 2008 Camp Scholarship Application

Deadline: February 29, 2008

Name of Camper _____ Age _____ Sex _____

Name of parent or guardian _____

Mailing Address _____

City _____ State _____ Zip _____

Home Tel # _____ Email _____

Parent's Cell # _____

Camp Name _____

Camp Mailing Address (Winter) _____

City _____ State _____ Zip _____

Contact Person at Camp _____

Tel # (Winter) of Camp (_____) _____

Type of Camp (check one) Day Camp _____ Overnight Camp _____

Schedule of Enrollment: 1 week _____ 2 weeks _____ 1 month _____ 2 months _____ Other _____

Dates from _____ to _____

Tuition cost: _____ Date final payment is due: _____

UJFC Scholarship amount requested: _____

Total # of members in your family _____

What is your gross annual family income from all sources? _____

Is your family receiving or eligible for any public benefits, e.g. Food Stamps, Medicaid, United Way Child Care Scholarships, SCHIP, etc. Yes _____ No _____ Which ones? _____

Amount ? _____

What other scholarships have you applied for or received for this camp? _____

Attach a registration form/brochure with dates, cost and program content. Mail application & supporting materials to: UJFC Scholarship Committee, c/o Congregation Beth Israel, P.O. Box 320, Charlottesville, VA 22902

NOTE: To complete this application, you must fill out the FACTS screening online at: www.factstuitionaid.com by February 29, 2008. If your income is 150% of the federal poverty guideline or less (see table below), or you are receiving public benefits, you do not need to fill out the FACTS form. If you have any questions about this, please check here _____ and a member of the Scholarship Committee will contact you.

150% of Annual Federal Poverty Income Guideline for 2008 by Family Size (U.S. Dept of Health & Human Services)					
Family size	2	3	4	5	6
	\$21,000	\$26,400	\$31,800	\$37,200	\$42,600

 For Office Use Only:
 UJFC Grant Amount: _____ # of weeks _____ or # of months _____
 Check Mailed On: _____