



Sephardic Adventure Camp Scholarship Application

Camper Name: _____ Age: _____
Date of Birth (mm/dd/yyyy): _____ Male ___ Female ___
Address: _____ City: _____
State/Province: _____ Zip/Postal Code: _____
Synagogue Membership: _____

Parent/Guardian #1:

Name: _____ Email: _____
Home Address (if different from above) _____

Phone #: _____ Mobile #: _____
Employer: _____ Full Time ___ Part Time ___
Gross Annual Salary: _____

Parent/Guardian #2:

Name: _____ Email: _____
Home Address (if different from above) _____

Phone #: _____ Mobile #: _____
Employer: _____ Full Time ___ Part Time ___
Gross Annual Salary: _____

Personal Information

Family Status:

___ Married ___ Divorced ___ Widowed ___ Deceased ___ Single ___ Other

Camper lives with:

___ Mother ___ Father ___ Both parents ___ Other

If divorced, who claimed applicant as a dependant last year? _____

Number of children living in household: _____

Are any children attending private school? ___ Yes ___ No

Are you receiving Financial Aid from the school? ___ Yes ___ No

If yes, please name school: _____

Are any children attending college/university? ___ Yes ___ No

Are they receiving Financial Aid? ___ Yes ___ No

If yes, please name school: _____

Type of financial aid: _____

Does the family own their home? ___ Yes ___ No

Does the family own a boat? ___ Yes ___ No

Does the family have student loans? ___ Yes ___ No

If yes, amount: \$ _____

Does the family have medical debt? ___ Yes ___ No

If yes, amount: \$ _____

Does the family have credit card debt? ___ Yes ___ No

If yes, amount: \$ _____

Current Financial Situation

Salary & Wages _____

SSI/ Social Security _____

Child Support _____

Public Assistance _____

Unemployment _____

Additional Earned Income _____

Interest / Dividends _____

Other Income _____

Total Annual Family Income: \$ _____

Tuition Information & Costs

Camp Tuition: \$ _____

Travel Fee: \$ _____

Discounts (if any) \$ _____

Family Commitment: \$ _____

Synagogue Commitment: \$ _____

Other Outside Financial Aid: \$ _____ (Local shuls, Federations etc.)

Sephardic Adventure Camp Scholarship Request: \$ _____

Please return the completed application to the camp office by mail or fax:

Sephardic Adventure Camp

PO Box 28511

Seattle, WA 98118

Fax: 206-922-5737