



Sephardic Adventure Camp Scholarship Application

Camper Name: _____

Synagogue Membership: _____ School _____

Parent/Guardian #1:

Name: _____ Email: _____

Home Address: _____

Phone #: _____ Mobile #: _____

Parent/Guardian #2:

Name: _____ Email: _____

Home Address (if different from above) _____

Phone #: _____ Mobile #: _____

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 Assistance from the school? Yes No

Are any children attending college/university? Yes No

Are they receiving Financial Aid? ___ Yes ___ No

If yes, please name school: _____ Type of financial aid: _____

Will your child be attending any other camps this summer? If yes, please list. _____

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: \$ _____

Discounts (if any) \$ _____

Family Commitment: \$ _____

Other Outside Financial Aid: \$ _____ (OHC, Federation, Synagogue, etc.)

Sephardic Adventure Camp Scholarship Request (amount you are asking SAC for): \$ _____

Please share any additional information you would like us to know here:

Please return the completed application to the camp office by mail, fax or scan and e-mail to:

Sephardic Adventure Camp, PO Box 28511, Seattle, WA 98118
Fax: 206-922-5737
office@sephardicadventurecamp.org