



## **Camp Solomon Schechter Scholarship Application**

Application Deadline: February 15<sup>th</sup>  
Allocations made in February



***This application must be fully completed in order to be considered***

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Male Female

Session Attending: \_\_\_\_\_

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**

**Type of Income**

**Recipient**

**Amount**

A = Applicant C = Custodial Parent O = Other Parent

Salary & Wages	_____	_____
SSI/ Social Security	_____	_____
Child Support	_____	_____
Public Assistance	_____	_____
Unemployment	_____	_____
Additional Earned Income	_____	_____
Interest / Dividends	_____	_____
Other Income	_____	_____
<b>Total Annual Family Income: \$</b>	<b>_____</b>	

**Tuition Information & Costs**

**Camp Tuition:** \$ \_\_\_\_\_  
**Travel Fee:** \$ \_\_\_\_\_  
**Discounts (if any)** \$ \_\_\_\_\_ (Sibling, affiliated rate, etc.)

**Family Commitment:** \$ \_\_\_\_\_  
**Synagogue Commitment:** \$ \_\_\_\_\_

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

**Schechter Scholarship Request:** \$ \_\_\_\_\_

**Please return the completed application, along with a copy of your 1040 tax form, to the camp office by mail or fax:** *(You can black out your SSN if you like)*

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