



Camp Solomon Schechter Scholarship Application

Application Deadline: February 1st
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	_____	_____
Total Annual Family Income: \$	_____	

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)*

117 East Louisa Street #110, Seattle, WA 98102
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