



Jewish Community Services Division  
PO Box 2568  
Hyannis, MA 02601  
(508)778-5588 jf.cc@verizon.net  
Web Site: jewishfederationofcapecod.com  
**Campership Application**

The Jewish Federation of Cape Cod will contribute funding (*either partial or full*) to Jewish children for camping programs where financial need is demonstrated.

This application should be submitted with a personal statement from the camper, a statement from the family, and if the applicant chooses, a recommendation from a Synagogue, Rabbi, or social worker. Parents are also ----- expected to make a gift to the Federation Annual Campaign.

**Camper Information:**

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of CAMP Program \_\_\_\_\_

CAMP ADDRESS: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cost of Program: \$ \_\_\_\_\_ **Other funding sources:** \_\_\_\_\_

Does the family make a yearly donation to the Jewish Federation of Cape Cod? \_\_\_\_\_

Have you applied elsewhere for funds? \_\_\_\_\_

How much financial support do you need to send your child to camp? \$ \_\_\_\_\_

Will your child be able to attend camp without this assistance? \_\_\_\_\_

Please describe any special circumstances or issues. All information will be kept in strict confidence. (attach additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_