



Jewish Federation OF PEORIA

Application Form

(PLEASE PRINT LEGIBLY)

Applicant's Name _____

Address _____

Telephone _____ Date of Birth _____

Email address: _____

School _____ Current Grade _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Email address: _____ Email address: _____

Family information:

Number of children in household _____ Ages _____, _____, _____, _____, _____, _____

Number of children in college _____

CAMP INFORMATION:

Camp Name _____

Camp Telephone _____ Contact Person _____

Length of Program _____ Camp Cost _____
Beginning Date of Camp _____
Other sources of scholarships/financial assistance _____

PRIOR CAMP EXPERIENCE:

Have you ever been to a Jewish Camp? _____ YES _____ NO
Date _____ Camp Name _____

APPLICANT'S JEWISH INVOLVEMENT:

Jewish Education: _____
Youth Group Membership _____
Other Jewish Involvement/ Activities (specify) _____

PARENT'S JEWISH INVOLVEMENT:

Congregational Affiliation: _____
Jewish community board positions held: _____
Currently contribute to the Federation annual campaign: Yes No
Did you ever attend Jewish camp? Yes No

If you have extenuating circumstances or additional financial need that you feel is relevant to this application please explain. This information will be held in confidence by the Campership Committee. _____

STATEMENT:

IMPORTANT! A statement (on separate attached paper) of approximately 300 words explaining why you want attend a Jewish summer camp at this time is required. This statement must be prepared by the camper.

Signature of Applicant_____

Date_____

Please return to: Jewish Federation of Peoria
2000 Pioneer Pkwy. Suite 10B
Peoria, IL 61615
Phone: (309)689-0063 Fax: (309) 689-0575

Must be received by DEADLINE: February 1
All incomplete or applications received after this date will not be considered.