



Tuition Assistance Application 2020

Thank you for your interest in Fair Lawn Jewish Day Camp. We are happy to review your application for a scholarship to support you sending your child to camp this summer.

Please understand that due to very limited funds available this year, we foresee (based on current funds and estimated applications) the scholarship distribution per family being very limited. Please take this into consideration before spending your valuable time in completing this application.

If you wish to reduce your tuition to Fair Lawn Jewish Day Camp by any amount, please follow the steps listed below, making sure to fill out the application IN FULL and gather the necessary documentation. **But first, please make sure you qualify for a scholarship.**

Scholarship qualifications: (what you will need to qualify for a scholarship)

1. Be a Jewish resident of Bergen County, NJ.
2. Fall into the income level categories on page 2.
3. Attach a letter explaining why you, as parent(s), want your child to attend our camp and why you need tuition assistance.
4. Agree to be involved in volunteer work for the camp. (see page 3)
5. Please also see the Scholarship guidelines on page 2 of this application for more information about qualification.
6. **Scholarship applications will be accepted until Friday, February 7, 2020.**
7. **Incomplete applications, applications missing information, or applications received after scholarship deadline will not be considered for tuition assistance.**

Application process, in this specific order:

1. Online enrollment completed and deposit paid. (Deposit amount is \$200 per child, fully refundable if not accepted)
2. Complete this application for Tuition Assistance and mail to, or drop off at the camp office with all required documentation listed below and deposits before the date indicated above.
3. The Tuition Assistance Committee will review your application and will notify you of their decision on how much assistance will be granted, as well as your volunteer commitment required.
4. You will then review their decision and if you choose;
 - a. **to accept the decision:** sign the Tuition agreement that will be sent to you and mail back to camp.
 - b. **to cancel application:** either call the camp's office at 201-791-7200 or email office@FairLawnCamp.com

Required documentation:

To be considered for tuition assistance, you are required to provide the following items, completely filled out. Please provide an explanation for any missing information or forms.

1. Online enrollment completed and deposit paid. (Deposit amount is \$200 per child, fully refundable if not accepted.)
2. Application for Tuition Assistance, completed in its entirety.
3. Federal Tax Form 1040 and/or 1099 for two of these three years 2017, 2018 or 2019 for both husband and wife (if filing separately) including all schedules and attachments.
4. If you are the owner of a business, a copy of the last two years of Federal Tax filing.
5. A copy of your and your spouses current pay stub.
6. A letter from parents as explained in qualification 3 above.
7. Tuition Agreement form (after acceptance into the Tuition Assistance Campership Program).



Scholarship Guidelines

*****The scale below is meant to serve as a guideline for the amount of assistance you could receive if funds are available. However, at this point in time we have very limited funds available and foresee the distribution per family being very limited. Please take that information into consideration before spending your valuable time in completing this application.*****

Total number of people residing in household

Household Income	1	2	3	4	5	6	7
0 - \$25,000	50%	60%	60%	60%	60%	60%	60%
\$25,001 - \$30,000	40%	60%	60%	60%	60%	60%	60%
\$30,001 - \$40,000	30%	50%	60%	60%	60%	60%	60%
\$40,001 - \$50,000	20%	40%	50%	60%	60%	60%	60%
\$50,001 - \$60,000	10%	30%	40%	50%	60%	60%	60%
\$60,001 - \$70,000	0%	0%	10%	20%	30%	40%	50%
\$70,001 - \$80,000	0%	0%	0%	10%	20%	30%	40%
\$80,001 - \$90,000	0%	0%	0%	0%	10%	20%	30%

- Percentage indicates the amount of scholarship given = X% off total tuition amount.
- Scholarship application and income verification is required at all income levels.
- No other discounts may be applied in conjunction with scholarships.
- Enrollment and scholarship policies are subject to change without notice.
- Scholarships are not retroactive to past tuition balances or program participation.
- Payments or donations to Bris Avrohom of Fair Lawn for any of its programs including Cett Hebrew School may not be applied to camp or combined with camp scholarships.
- Scholarships are available to Jewish residents of Bergen County, NJ.
- Scholarships will be applied directly to the reduction of your **tuition** charges.
- New scholarship applications must be submitted annually
- Special circumstances may be taken into consideration, but must be documented on the application with a letter explaining the circumstance. If a parent is enrolled in college or school, a copy of your enrollment must be included.
- Scholarship applications will be reviewed in the order they were received. Scholarships will be given until the available scholarship funds are exhausted. Scholarship applicants will be notified of the committee's decision prior to the end of February 2020.
- Tuition assistance is granted only for the current camp season to qualified campers. The Tuition Committee determines the amount of assistance. Tuition committee is made up of volunteers who dedicate their time and effort to help kids go to camp.



APPLICATION FOR TUITION ASSISTANCE CAMBERSHIP PROGRAM
Summer 2020

Family Details

Family Name: _____ Father: _____ Mother: _____

Address: _____

City/State/Zip _____

Home Telephone: _____ E-Mail address: _____

Please check one: Married. Single parent. mother father named above is supporting children alone

Single parent sharing expenses with (please include name & address)

Does any member of your family have a special need or disability? Yes No

If yes, who? _____

Please describe nature of disability: _____

Include more details on a separate page if necessary.

ACTIVITIES FOR OUR FAMILY TO VOLUNTEER OUR SERVICES:

It is understood that all applicants for tuition assistance must volunteer for one or more of the activities listed below. Check all items below that are applicable (must be completed).

- Mailings, Phone Calls, Office Assistance
- Supervising children at Extra Care
- Bus Monitor
- Help with daily lunch in camp
- Other

_____ (Please fill in)

Does your occupation or personal skills include the sale of goods or performance of services that can be useful to Fair Lawn Jewish Day Camp? Yes No

If yes, what types of goods or services?

(Please check)

I have enrolled my children in Fair Lawn Jewish Day Camp, by submitting an online camp application for each child.

Child's Name	Sessions <small>List session numbers</small>	Division	Full tuition amount (before discounts) (see website for prices)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

TOTAL PARENT TUITION OBLIGATION (before discounts): \$ _____



Fair Lawn Jewish Day Camp

B"H

Please indicate:

(A) Amount of total obligation for my children enrolled in Fair Lawn Jewish Day Camp:	\$
(B) Amount of tuition assistance that I am requesting Fair Lawn Jewish Day Camp to subsidize:	\$
(C) Net total that I am requesting to pay for my children enrolled in Fair Lawn Jewish Day Camp (A minus B):	\$

**Extra Care and other camp extras like busing or extra activities are not included in tuition assistance; you are required to pay the full amount of Extra Care if used.
See Extra Care terms as stated in the camp parent agreement.**

PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS.
FILL IN "NONE," "N/A" (NOT APPLICABLE) OR "0", WHERE APPROPRIATE.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND WILL BE RETURNED

Total number of Children in Household: _____

List all children in family including those enrolled in other camps or summer childcare programs in the past.

Child's Name	Overnight Camp/Day Camp	Year Attended	Total fees paid for previous camp season
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

Day School or daycare in this current school year

Child's name	Current Grade	School or Program	Total fees paid (include all charges)
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$

INCOME

List all income on an annual basis:

Income	Amount
Father's GROSS earnings:	\$
Mother's GROSS earnings:	\$
Other income (Please include combined dividends, interest and taxable pensions):	\$
Annual contributions to IRAs, Keoghs, 401-Ks and other tax sheltered annuities:	\$
Aid to Dependent Children (ADC) or any General/Public Assistance (i.e., HUD, WIC, SSI, Food Stamps):	\$
Do you receive Medicaid?	() Yes () No



EXPENSES

Housing: Monthly Mortgage \$ _____ or Monthly Rent \$ _____	
Medical/Dental Expenses Paid (include expenses not covered by insurance; you may include cost of medical insurance premiums you paid):	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____
Other (Specify)	\$ _____
Where does your family take vacations? (Please include name and location): _____	
How much do you spend on vacations?	\$ _____

ASSETS

Do you own your own home? () Yes () No	Year Purchased:
Purchase Price:	\$ _____
Amount you owe on your home:	\$ _____
Market value of stocks, bonds and investments:	\$ _____
Cash on hand and in savings:	\$ _____
Other Assets (please specify):	\$ _____

Please list all cars you or any family members own or lease:					Total Annual Payments (Loan/Lease, Insurance etc.)
	Year	Make	Model	Own/Lease	
Car # 1					
Car # 2					
Car # 3					

FAMILY EMPLOYMENT

Father:

Occupation: _____ Are you Self-Employed? () Yes () No

Name of Company: _____ If Self-Employed - # of Employees _____

Address: _____ City/State/Zip: _____

Job Title: _____ Job Description: _____

Type of Business / Services provided? _____

() Full Time () Part Time: _____ hours per week

Mother:

Occupation: _____ Are you Self-Employed? () Yes () No

Name of Company: _____ If Self-Employed - # of Employees _____

Address: _____ City/State/Zip: _____

Job Title: _____ Job Description: _____

Type of Business / Services provided? _____

() Full Time () Part Time: _____ hours per week

If you have any additional jobs, please list below:

Name	Employer	Position	Hours/Week	Salary



EXPLANATIONS

Report any special circumstances or additional information you would like considered. If a parent is presently unemployed and/or expects an income decrease in the upcoming school year, give specific details. Please answer this question as fully as possible. Use additional sheets if necessary.

Reference Contact Information: (List the name of a Rabbi or other public figure who may be able to be a reference for you. Anyone other than a Bris Avrohom Rabbi)

Name & title of reference: _____ City: _____ Phone: _____

Name of synagogue or other affiliated organization: _____

AGREEMENT

As a Jew and law abiding citizen of the United States, I hereby affirm that the information contained herein and the documents which I have submitted herewith are complete and true. I hereby give my consent for release of all the above information for potential placement. I have attached the required documentation and understand that this documentation will be used to assess my camp tuition fees. I fully understand that acceptance of tuition assistance may require me to volunteer for the camp commensurate with the amount of the scholarship. I am aware that should the committee find any inconsistencies in my declarations concerning my finances, I will forfeit all right to financial assistance. It is understood that should my financial circumstance improve appreciably at any time in the future, I will be expected to reimburse the camp for the full amount of the tuition assistance granted. I also understand that the camp reserves the right to reevaluate the tuition assistance granted me during this camp season and that any improvement in my financial status requires my notifying the camp of my new circumstances. I understand that tuition assistance is for tuition charges only, but not any extras like Create a camp, swimming instructions, extra care, bus transportations or any other extras.

Father's Signature _____ Printed name _____ Date _____

Mother's Signature _____ Printed name _____ Date _____