



JEWISH FEDERATION OF SPRINGFIELD, ILLINOIS

1045 Outer Park Drive, Suite 320

Springfield, IL 62704

Tel: 217-787-7223 Fax: 217-787-7470

e-mail: sjf@shalomspringfield.org

www.shalomspringfield.org

APPLICATION FOR CAMBERSHIP

Name of camper(s): _____ Date of application: _____

Name of Parent/Guardian: _____

Address: _____

Telephone: h: _____ cell: _____ w: _____ E-mail Address: _____

Are you a member of the Jewish Federation of Springfield, Illinois? (A member is one who has made a contribution to the current campaign and is up to date with payments) **Y/N**

Name and Address of Camp: _____

Address of Camp where campership should be mailed, if different from above: _____

Camp Affiliation: Reform: _____ Conservative: _____ Orthodox: _____ Federation: _____ JCC: _____
Other: _____

Is this a Jewish overnight or day camp? _____ If overnight, how many weeks? _____

Is this a first time attendance at this or other Jewish camps? Y/N _____

I have received a Jewish Federation of Springfield, Illinois campership in the past for this child: Y/N

If yes, for which camp? _____ Year? _____ Amount received \$ _____

If yes, is this application based on financial need? Y/N

If yes, please discuss the financial need, confidentially, with the Executive Director and/or either Rabbi.

I have received a Springfield Jewish Federation campership in the past for my other child(ren): Y/N

For which camp? _____ Year?: _____ Amount received \$ _____

I have applied for or intend to apply for camperships from another source Y/ N.

If yes, please provide name of campership(s) _____

(Please note: applying for other camperships in no way affects your opportunity to receive a Federation campership)

I plan to send my children to a Jewish camp regardless of whether I receive a Springfield Jewish Federation campership Y / N

Applications for Kibbutz Kulanu are due by April 1st with notification of award to be made soon thereafter. Applications received after this date will be considered **if** funds are available. (Be aware that applications for overnight camps are usually required in late winter.)

Both parent/guardian and Child(ren) must sign the application form. Signature implies acceptance of the following:

- If a camper is dismissed from camp for disciplinary reasons, the campership must be repaid by the family in proportionate relation to the time spent at camp.
- The camper agrees to assist the Federation in publicizing the importance of camp and the Federation's assistance. Depending on their age this may include writing an article for the Federation newsletter about their camp experience, speaking at a Federation event about the experience, or other such age appropriate activities.

Signature of Parent/Guardian: _____ Date: _____

Signature of Child: _____ Date: _____

Signature of Child: _____ Date: _____

Signature of Child: _____ Date: _____

Return to: 1045 Outer Park Drive
Suite 320
Springfield, IL 62704
Or Fax to: 217-787-7470

Please call the Federation office at 787-7223 with any questions.

FOR FEDERATION USE ONLY:

Date received: _____
Amount Awarded: _____
Funding Source: _____
Date Notified: _____
Date Payment Sent to Camp: _____
Check #: _____