

# Minnesota JCC Youth/Camp/Teens Programs - Scholarship Application 2025-2026



## INSTRUCTIONS

Please complete both sides of this form and be sure to sign and date in order to be considered for Scholarship.

Please complete and submit as soon as possible.

- Scholarship applications for summer camps are reviewed on a rolling basis. The first round of scholarships will close March 1. Additional scholarships will be reviewed after March 1, however you are encouraged to complete and submit this form as soon as possible.

## GENERAL INFORMATION

Adults living in the household...

Adult 1 (Applicant)
Name:
Email:
Best Phone:

Adult 2
Name:
Email:
Best Phone:

Status:  Single  Married  Separated  Divorced  Widowed  Partner

Children living in the household...

Child 1
Name:
Birthdate:
Relationship to Applicant:

Child 2
Name:
Birthdate:
Relationship to Applicant:

Child 3
Name:
Birthdate:
Relationship to Applicant:

Child 4
Name:
Birthdate:
Relationship to Applicant:

## INCOME/ASSETS (Total for all adults in the household)

Gross Annual Salary	\$
Savings Accounts	\$
Checking Accounts	\$
Non-Retirement Investment Accounts	\$
Other:	\$
Current Total	\$

All family's circumstances are different. Please explain why you are requesting scholarship, including any extraordinary or special circumstances. Be specific as to expense and anticipated duration of circumstances. This information is private and will not be shared beyond our scholarship/financial aid committee. If you need additional space, please attach a separate document.

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**ENROLLMENT**

Enrolled Programs (Check all that apply):

- Camp Butwin    Camp Olami  
 JCC Maccabi    BBYO    Other

Name of the specific program(s) (Ex: Keshet, BBYO International Convention...) \_\_\_\_\_

Total Fees (Do not include Camp Extended Care or Partner Camps) \$ \_\_\_\_\_

Anticipated Family Contribution (Total amount you can pay) \$ \_\_\_\_\_

Requested Fee Adjustment (Total minus Family Contribution) \$ \_\_\_\_\_

Please indicate amount of scholarship or aid you are receiving from other agencies\*:

Agency	Amount
	\$
	\$
	\$
	\$

Please indicate any scholarship or discount you're receiving from other JCC Programs

Program	Amount
	\$
	\$
	\$
	\$

\*If you are eligible for scholarship(s) from your local Jewish Federation, you must also apply with them. Contact your local Federation to determine eligibility.

**SUBMISSION**

I hereby state that the information shown on this form is accurate. I understand that should any information change regarding my financial circumstances, I will contact the JCC staff member listed below. If I receive a fee adjustment, I agree to pay the remaining balance due. Remaining balances will be paid via credit card or deducted from my checking account via Electronic Funds Transfer. Balances will be paid in full by the program payment deadline(s). I understand that fee adjustments are not automatically renewable and must be reviewed annually.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return application to:**

Minnesota JCC – Attn: Ben Savin, 4330 S. Cedar Lake Road, Minneapolis, MN 55416 OR [bens@minnesotajcc.org](mailto:bens@minnesotajcc.org)