

Minnesota JCC

Day Camp - Scholarship Application

Summer 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. Round ONE is open January 6 through March 31, 2026. Families are encouraged to submit their application promptly.

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

Name of specific program(s):

Total Fees: \$ _____

Anticipated Family Contribution: \$ _____

Requested Fee Adjustment: \$ _____

Reminder: Maximum scholarship eligibility is 40%

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.

To learn more/apply for scholarship through your local Jewish Federation, [CLICK HERE](#) FOR MINNEAPOLIS JEWISH FEDERATION or [CLICK HERE](#) FOR SAINT PAUL JEWISH FEDERATION

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:

Alex Fisher at alexf@minnesotajcc.org