



**Ithaca Area United  
Jewish Community**

*Honoring Our Past, Shaping Our Future*

# IAUJC SUPPORTS ITHACA JEWISH CAMPERS!

## **The IAUJC Jewish Camp and Teen Summer Experience Initiative**

### **And the ROBERT AND MARCIA ASCHER ENDOWMENT**

#### Summer 2018 CAMPERSHIP GRANTS

**PURPOSE:** The IAUJC's Jewish camp grant initiative supports young people in attending Jewish overnight camps and teen summer experiences, in order to strengthen their identities, learn new skills, and build friendships that may last a lifetime. We seek also to strengthen the Jewish community in the process.

Our immediate goal is to encourage local young people to partake in Jewish summer programs and to ensure that every child in the Ithaca area who would like to attend a Jewish overnight camp or teen summer experience is able to do so.

IAUJC raises funds from members of the Ithaca Jewish community, and makes the funds available to assist families. This support is available to either a first-time camper or a repeat camper. We are interested in supporting young people ages 6 to 18, and particularly, but not limited to, those with special needs and/or teens between the ages of 13 and 18.

Financial awards are made, from a program budget determined annually by the IAUJC's Board, to each qualified applicant demonstrating need according to camp applications. Additional funds may be available for those requesting 'significant' support.

Any and all financial assistance awarded by IAUJC will be sent directly to the camp.

*UNDERSTANDING: Jewish overnight camp may be expensive. Don't automatically assume your income doesn't qualify your family. We want to ensure every Jewish child has the opportunity to experience the magic of Jewish camp. And, no local person will know your financial information. You can share it only with the camp you chose. We understand these conversations may be difficult to start. Let us reassure you that the benefits of Jewish camp for your child and family will far outweigh any initial discomfort in the applying for assistance.*

## **CHECKLIST OF ELIGIBILITY FOR AWARD FUNDING**

1. Campers who identify as Jewish, are between the ages of 6 to 18, and reside in Tompkins County may be eligible for Awards. [Prospective campers living in Cortland, Tioga, or Southern Cayuga Counties should inquire before submitting an application to the IAUGC].
2. Campers must register for a Jewish overnight camp or teen experience. Most can be found on the Foundation for Jewish Camp's website: <http://www.jewishcamp.org> and/or ask for advice/recommendations from IAUGC Camp Initiative Co-Chairs, Naomi Wilensky at [info@tikkunvor.org](mailto:info@tikkunvor.org) or Rabbi Suzanne Brody at [director@tbeithaca.org](mailto:director@tbeithaca.org). They can discuss with you several options that may be appropriate for your child.
3. First time campers should apply for assistance from the One Happy Camper grant program. \$1,000 is offered as an encouragement to any child who identifies as a Jew looking for the first time to attend a non-profit Jewish camp for at least 2 weeks. OHC's grants are not based on need, but the funds are limited and this application should be sent as soon as possible.
4. Apply for financial aid directly from the camp. In order to receive a grant from IAUGC, you must also apply for aid from the camp. If your camp does not have a scholarship opportunity, please note this on the application and we will try to make something work out for you.
5. Consider how else you may be eligible for discounts on camp, from early registration, full-season, or multiple enrollments from one family. Plan ahead and you may be able to save hundreds of dollars just by registering early.
6. Ask for additional financial help from family members and synagogues (if applicable).
7. Some camps require large deposits at registration. Call the camp to ask for a waiver or lower deposit if needed. If that is not possible, and you would like to be considered for a campership for the camp deposit, please note that on your application and submit to IAUGC as listed below.
8. Review your interest in sending your child/ren and discuss your and your camper's need to make a statement of intent as part of this application.
9. This application for assistance must be completed, signed, and submitted by the deadlines indicated.

**CampAwards@IAUGC.org**

**or**

**Jewish Camp and Teen Summer Experience Award Committee**

**Ithaca Area United Jewish Community**

**PO Box 4214**

**Ithaca, New York 14852**

10. Eligibility for camperships will be determined by the participating camp and their recommendation will be presented to the IAUJC for its consideration.
11. An application and signed letter of agreement between IAUJC and the parents/guardians will be required before the release of any need-based grant funds are made to the camp/teen experience program.
12. Help your child get excited about an amazing Jewish Camp or Teen Summer Experience!

**DEADLINE:** The deadline for submission of all application information for the IAUJC grant program is the last day of each month from January through March.

As IAUJC Award funds are limited, early application is encouraged.

**DETERMINATION PROCESS AND NOTICE OF AWARD:**

All efforts will be made to make notification of awards as quickly as possible. Awards cannot be determined until a request for financial assistance is made to the camp involved and the IAUJC's application form is completed and the camp responds to IAUJC's request for information.

The Awards Committee of the IAUJC meets monthly from January to April to review applications on a rolling basis.

The IAUJC Awards Committee will notify the family of the determination of the amount awarded.

Note: Awards will be in the form of a payment made directly to the camp.

**QUESTIONS/COMMENTS?**

Email: [CampAwards@IAUJC.org](mailto:CampAwards@IAUJC.org)

OR Call Vally, the Camp Award Subcommittee chair: 607-257-5181

Jewish Camp and Teen Summer Experience Award Committee

Ithaca Area United Jewish Community, PO Box 4214, Ithaca, New York 14852

**IAUJC Financial Assistance for Jewish Camp / Teen Summer Experience**

**I. FAMILY INFORMATION**

Parent/Guardian #1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

*If different:* Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

**Other Dependents of Parent(s)/Guardian(s):**

Name, Age & Relationship: \_\_\_\_\_

Name, Age & Relationship: \_\_\_\_\_

Name, Age & Relationship: \_\_\_\_\_

**II. CAMP or TEEN EXPERIENCE INFORMATION**

Child I:

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Camp Session Dates: \_\_\_\_\_

Camp Address: \_\_\_\_\_

Camp Contact Name, Phone & Email: \_\_\_\_\_

\_\_\_\_\_

Child 2:

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Camp Session Dates: \_\_\_\_\_

Camp Address: \_\_\_\_\_

Camp Contact Name, Phone & Email: \_\_\_\_\_

\_\_\_\_\_

Child 3:

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Camp Session Dates: \_\_\_\_\_

Camp Address: \_\_\_\_\_

Camp Contact Name, Phone & Email: \_\_\_\_\_

\_\_\_\_\_

### **III. STATEMENT OF INTENT**

For Parents/Guardians:

Identify the reasons for wanting this Jewish Overnight Camp and/or Teen Summer Experience for your child/ren.

For Teens and Youth:

Teens and youth ages 8 and up are required to submit a personal statement of the importance of this experience to them.

For Children:

Children under age 8 are requested to write (or dictate to an adult) or draw a picture on a separate sheet of paper, explaining the importance of this experience to them.

**IV. ANTICIPATED CAMP EXPENSE AND FUNDING SOURCES**

We understand that camp is a large expensive. IAUGC wants to help make Jewish summer camp happen. We encourage you to consider funding from different sources, including extended family, if possible.

For each source of support, please indicate:

1. If you have requested assistance, and
2. If you have received a commitment of funding and amounts.

If you are applying for assistance for more than one child, please specify amounts for each camp/child.

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<b>Total Cost of Camp:</b>	\$ _____	\$ _____	\$ _____
<i>Requested / Committed</i>			
___ <b>Immediate Family (your household)</b>	\$ _____	\$ _____	\$ _____
___ <b>Extended Family (grandparents, etc)</b>	\$ _____	\$ _____	\$ _____
___ <b>Camper's Own Contribution (job, allowance, etc)</b>	\$ _____	\$ _____	\$ _____
___ <b>Temple / Synagogue / Movement</b>	\$ _____	\$ _____	\$ _____
___ <b>*One Happy Camper (first time campers)</b>	\$ _____	\$ _____	\$ _____
___ <b>*Scholarship directly from the camp</b>	\$ _____	\$ _____	\$ _____
___ <b>Other Source--please identify source(s):</b>	\$ _____	\$ _____	\$ _____
_____			
<i>Requested assistance for each child (above)</i>	\$ _____	\$ _____	\$ _____
<b>Total amount of the request to the IAUGC</b>	\$ _____	\$ _____	\$ _____

*\*Note: IAUGC campership applicants **must** apply to camp directly in order to also be considered for this award. First time campers must also apply to One Happy Camper.*

*Please ask for what you need. There is no need to inflate your request; we will do our best to meet actual needs.*

**V. Please tell us of any circumstances or issues** that you would like to bring to our attention relevant to this request:

**VII. TERMS AND AGREEMENTS**

E-signature or signature below by the parent/guardian(s) is required attesting that all information submitted is true and complete to the best of their knowledge, and that they agree to permit an official of the above mentioned Camp/Teen Experience to discuss with a representative of the IAUGC, the degree of financial assistance required. This information will be held in confidence.

Parents also agree to fill out a post-camp survey about you and your child’s camp experience; and, if appropriate, to facilitate your child’s participation in promoting Jewish summer camp in the Ithaca area, on request.

**Parent/Guardian #1 Signature:**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian #2 Signature:**

**Date**

\_\_\_\_\_

\_\_\_\_\_