

Jefunira Camp

a cool way to spend your summer

January 3, 2010

Dear Parents,

Thank you for your interest in Jefunira Camp and our scholarship program. We receive a large number of requests for financial support. We do our best to accommodate as many of these requests as possible, but space and resources are limited, so we cannot guarantee scholarships to all applicants. To assist us in this process, we ask that you complete the enclosed scholarship application and questionnaire. We also require a minimum payment of fifty dollars (\$50.00) to be submitted with each application. Please know that we are determined to assist as many families as possible and that we provide both *full* and *partial* scholarships.

If your scholarship request is granted, we expect that you will make it a priority to have your child attend Jefunira Camp during the appropriate session(s). **If your plans change and you will be unable to attend, please notify us immediately so that we can make this opportunity available to another family.** We appreciate your cooperation.

Thank you again for your interest in Jefunira Camp. Please feel free to contact me with questions.

Sincerely,

Jeff

Jeff Gamble (650) 291-2888
Camp Director
jefuniracamp.com
director@jefuniracamp.com

Scholarship Request Form

Child's name: _____ Parents / Guardians: _____

Please use the space provided to let us know why you are requesting a financial scholarship. In addition, please fill out and sign the questionnaire on the back of this application form. **You must also complete a regular camp application in addition to this form.** We will inform you of our scholarship decision as soon as possible. Thank you.

*** Tuition per session is \$800, I/we request a reduction of \$ _____.*
WE REQUIRE A MINIMUM PAYMENT OF \$50 FROM ALL PARTICIPATING FAMILIES. IF YOU NEED TO DISCUSS THE TERMS OF ENROLLMENT FURTHER, PLEASE FEEL FREE TO CONTACT US AT 650-291-2888.

*** If you plan to use our extended care program, how much of the cost (\$10/hr.) will you be able to cover? \$ _____. (We request that campers remain in the extended care program only if necessary for parental employment or other responsibilities.)*

**** This application form and its contents are confidential. It will be used to help us more effectively assess and meet the needs of our camping community. Thank you for your assistance.*

Occupation:

Name of Employer:

Spouse's Occupation:
(if applicable)

Name of Employer:

Monthly Income Information:

A. Gross earnings of parent(s) \$ _____

B. Earning from other sources \$ _____

C. Child Support \$ _____

Monthly Expenses:

A. Mortgage/Rent \$ _____

B. Car Payments \$ _____

C. Bank or School Loan \$ _____

Is there any other significant information you think we should know?

Sign: _____

Date: _____

To the best of my knowledge, the above information is true and accurate.