Dear Camp Scholarship Applicant,

The National Council of Jewish Women is a grassroots organization of volunteers and advocates who turn progressive ideas into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children and families and by safeguarding individual rights and freedoms. With this in mind the Valencia Shores Section is pleased to offer $750 Camp Scholarships to Palm Beach county families whose Jewish child(ren) will be attending camp this summer. Children 5 to 13 years old, born between January 1, 2006 and December 31, 2014 are eligible. The scholarship is based upon financial need and/or special circumstances.

The applicants must submit a completed questionnaire and two completed letters of recommendation. These must be mailed to NCJW, c/o Ms. Sandra Platzman, 8178 La Jolla Vista Lane, Lake Worth, FL 33467 or emailed to sandymae41@gmail.com. All parts of the application packet must be postmarked by March 5, 2019. Recipients will be notified soon thereafter. The stipend will be sent directly to the camp.

The recipients will be invited to attend our Scholarship Night at 7 P.M. on Wednesday, April 10, 2019 at the Valencia Shores Social Hall located at 7751 Valencia Shores Drive, Lake Worth, FL. The recipients may speak briefly about why the scholarship is important to them. Each recipient may bring two guests.

Sincerely yours,

National Council of Jewish Women

Valencia Shores Section
NATIONAL COUNCIL OF JEWISH WOMEN
Valencia Shores Section
CAMP SCHOLARSHIP APPLICANT DATA

Parent/Guardian Name: Last_______________________________________________First_____________________________________
Address____________________________________________________________________________________________________
City, State, Zip__________________________________________________________
Residence phone____________________Cell phone____________________email____________
Name of camper(s)_________________________________________________Date of Birth: Month/Day/Year____________
Number of other children in the household____________Ages___________________________________________
List adults in the household and their relationship to camper____________________________________________________
____________________________________________________________________________________________________
Have you received an NCJW Scholarship in the past? Yes____No____
Camp Name_______________________________________________________Phone number____________________
Camp Address:______________________________________________________________
Camp director's Name_________________________________Phone _______________________
Cost of camp_______________________________Number of weeks__________

1. Why do you feel the committee should choose your child for the scholarship? Please describe, in detail, any special circumstances that have affected your family’s ability to pay for camp. Use additional pages if needed.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Why do you feel your child will benefit from a camp experience?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3. Are you receiving free or reduced lunch, or state or federal subsidies? Yes____ No____

Please list:

Parent/Guardian signature_____________________________________________Date__________________
You have been asked to provide information in support of this camp scholarship application. We appreciate your time and effort. (To be completed by clergy, or child’s teacher, involved adult, etc.)

Parent/Guardian’s Name:________________________________________________________

How long have you known this applicant? In what capacity? __________________________

___________________________________________________________________________________

___________________________________________________________________________________

Why do you believe that this applicant should receive and would benefit from a camp scholarship? Please include any extenuating circumstances.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Additional comments _______________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Your Name_______________________________________Title/Relationship____________________

Contact#__________________________Address__________________________

Please return to Sandra Platzman, 8718 La Jolla Vista Ln, Lake Worth, FL 33467 or sandymae41@gmail.com by March 5, 2019.
NATIONAL COUNCIL OF JEWISH WOMEN  
Valencia Shores Section  
CAMP SCHOLARSHIP APPLICANT RECOMMENDATION

You have been asked to provide information in support of this camp scholarship application. We appreciate your time and effort. (To be completed by clergy, or child’s teacher. involved adult, etc.)

Parent/Guardian’s Name:___________________________________________________________

How long have you known this applicant? In what capacity? __________________________

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Why do you believe that this applicant should receive and would benefit from a camp scholarship? Please include any extenuating circumstances.

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Additional comments ________________________________________________________________

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Your Name__________________________________________Title/Relationship____________________

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