



**RABBI GERSHON HADAS GUARDIAN SOCIETY FOR JEWISH CHILDREN**

**APPLICATION FOR FIRST TIME CAMPER GRANT**

**APPLICATION DEADLINE: MARCH 1**

*A limited number of First-Time Camper grants are available and are awarded on a first-come first-served basis.*

*Late applications will be considered on a case-by-case basis and only under extraordinary circumstances.*

***PLEASE NOTE: THERE HAS BEEN A CHANGE TO THE FIRST-TIME CAMPER GRANT PROGRAM, EFFECTIVE BEGINNING SUMMER 2020:***

***THE FIRST TIME A CHILD ATTENDS OVERNIGHT CAMP FOR THREE WEEKS OR LONGER, HE OR SHE IS ELIGIBLE FOR A \$1000 FIRST-TIME CAMPER GRANT.***

*(Children who received first-time grant for fewer than three weeks under the previous program are not eligible for another but are encouraged to apply for financial assistance if needed.)*

***PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH CHILD***

NAME OF CAMP PROGRAM: \_\_\_\_\_

DATES OF CAMP PROGRAM: \_\_\_\_\_

The Guardian Society is a community fund available to the Jewish children of Greater Kansas City. For many years, this scholarship program has enabled thousands of young people to participate in Jewish enrichment summer programs, including Jewish sleep-away camps and Israel programs.

**The Jewish Federation, through the Guardian Society, is pleased to offer \$1,000 “incentive grants” to a limited number of children planning to attend an approved, overnight Jewish camp for three-weeks or longer for the first time.**

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_ AGE/GRADE \_\_\_\_/\_\_\_\_

PARENT(S) NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

What religious school does the student attend? \_\_\_\_\_

What Jewish activities is the student involved in? \_\_\_\_\_

**IMPORTANT NOTICE TO THE FAMILY:**

By signing this application for a first time camper grant, the applicant hereby agrees that in the event that the child does not attend the camp, the funds will be returned.

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PARENT

**STUDENT ESSAY:**

Student is to write an essay (50 words or less) on:

“WHY I WOULD LIKE TO ATTEND THIS CAMP OR PROGRAM”  
(50 words or less)

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Date  
RETURN TO:

\_\_\_\_\_

Student’s Signature  
Rabbi Gershon Hadas Guardian Society, Attn. Marsha Cott  
c/o Jewish Federation of Greater Kansas City  
5801 West 115 Street - Suite 201, Overland Park, Kansas 66211  
or email to marshac@jewishkc.org

**APPLICATION DUE MARCH 1.**