**JEWISH CAMP SCHOLARSHIP APPLICATION  
2014 Season**

MAIL OR FAX TO  
Agudas Achim Congregation  
401 E. Oakdale Blvd.  
Coralville, IA 52241

Fax: 319-337-6764

Attn: Camp Scholarship Committee  
Thank you for submitting your scholarship application.

All INFORMATION IS STRICTLY CONFIDENTIAL.

Camper’s Name:

Address:

Telephone:

Parent(s) or Guardian(s):

Grade in School (fall):

CAMP INFORMATION

Name of Camp:

Dates of Attendance:

Costs:

Tuition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Costs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Costs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why is going to camp important for you?

Applicant’s Signature and Date Parent/Guardian Signature and Date