

**GREATER ALTOONA JEWISH FEDERATION  
Y.E.S. Scholarships 2009**

**Federation Grant - given to every child - complete section 1 only  
Financial Needs Scholarship - complete all sections  
Fill out one form for each applicant.**

**Return the application to The Greater Altoona Jewish Federation,  
1308 17<sup>th</sup> Street, Altoona, PA 16601.**

**Section 1**

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Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Total number of people living in household? \_\_\_\_\_

Are you a member of the Federation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Camp or Program \_\_\_\_\_

Length of Program \_\_\_\_\_

**Section 2**

**Family Financial Status – held in confidence by Federation Director**

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Annual Gross Income

Mother..... \_\_\_\_\_

Father ..... \_\_\_\_\_

Any Sources of Additional Income ..... \_\_\_\_\_

Extraordinary Expenses..... \_\_\_\_\_

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**Section 3**  
**Cost of Camp or Program**

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Total Camp or Program Fee .....  
\$ \_\_\_\_\_

We can afford to pay ..... \$ \_\_\_\_\_

Family members (e.g. grandparents, etc.) can contribute..... \$ \_\_\_\_\_

We expect to receive assistance from \_\_\_\_\_ \$ \_\_\_\_\_  
(e.g., Synagogue or Temple  
Sisterhood) \_\_\_\_\_ \$ \_\_\_\_\_

Have you received help from the Federation with prior years at camp \_\_\_\_ Yes \_\_\_\_ No

Amount Requested? \$ \_\_\_\_\_

Please explain any special family circumstances and why you are applying for a need scholarship.

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*I certify that all the above is true and accurate.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date