



National Council of Jewish Women

Valencia Shores

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 _____

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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? _____

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.

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