

## **AGUDAS ACHIM BROTHERHOOD 2018 CAMBERSHIP FUND GUIDELINES**

The purpose of Agudas Achim's Brotherhood Campership Fund is to assist Agudas Achim families in sending their child(ren) to Jewish camps. Guidelines and eligibility are as follows:

1. Parent(s) of the applicant shall be members in good standing of Agudas Achim. If not, please contact Agudas Achim's Executive Director to make necessary arrangements before applying.
2. Applicants must be no older than a high school junior.
3. Priority may be given to 1<sup>st</sup> time applicants.
4. Grants are awarded at the discretion of the Brotherhood Campership Committee.
5. Campership dollars may be used for camp tuition/fees only and payments will be made directly to the camp.
6. All applications are treated as confidential documents.
7. Grant recipients will be asked to provide a short letter summarizing their camp experience to the Brotherhood by October 31 of the year the grant was awarded.
8. Applications for the 2018 Camp Season are due by April 9 and should be mailed to: Agudas Achim, c/o Brotherhood, 2767 E. Broad Street, Bexley, OH 43209

APPLICANT SIGNATURE:

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**AGUDAS ACHIM BROTHERHOOD  
2018 CAMPERSHIP FUND APPLICATION**

**Application due date: April 9th. Notification of grant will be made after April 23rd.**

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Parent email: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Name of Camp Program: \_\_\_\_\_ Dates: \_\_\_\_\_

Basic Cost of Program: \$ \_\_\_\_\_

Has the child attended this type of program before? (If yes, please give name and date of program):

\_\_\_\_\_  
\_\_\_\_\_

Is the child applying for other grants for this program? (If yes, please explain):

\_\_\_\_\_  
\_\_\_\_\_

Has the child participated – or volunteered - in synagogue youth programs? (If yes, please explain):

\_\_\_\_\_  
\_\_\_\_\_

Indicate how the parent(s) or guardian(s) have participated – or volunteered in synagogue programs. (If yes, please explain):

\_\_\_\_\_  
\_\_\_\_\_

Please detail any financial circumstances that may be applicable to your request:

\_\_\_\_\_  
\_\_\_\_\_

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**The following question is to be answered by the child:**

Explain why you want to participate in this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to: Agudas Achim Brotherhood  
2767 East Broad Street, Bexley, OH 43209**

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