



The Jewish Education Center of Cleveland
 2030 South Taylor Road • Cleveland Heights, Ohio 44118
 Phone: 216.371.0446 • Fax: 216.371.2523
 www.jecc.org

CAMP SCHOLARSHIP FOR FAMILIES OF CHILDREN WITH SPECIAL NEEDS

Child's Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

School Name _____ Religious School _____

Phone Number _____

Father's Name _____ Mother's Name _____

Marital Status _____ Marital Status _____

Occupation _____ Occupation _____

Email: _____ Email: _____

Number of Siblings _____

1st yr Grant Request _____ 2nd yr Grant Request _____

Camp Name _____

Camp Address _____

City, State, Zip _____

Date of Acceptance to Camp _____

Cost of Camp

Other Costs related to Camp

Explain _____

Family Contribution to Camp (must fill in)

Confirmed Other Sources (specify) _____

Total Available to Pay for Camp

Amount Needed



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Please state reason for request:

Does your child currently have an IEP (Individualized Education Plan)? _____

What other sources have you contacted about getting financial aid to help your child attend camp?

Has your child been to camp before? _____ If so, how many years? _____

**PLEASE NOTE THAT THIS FORM IS DUE BACK TO THE JECC BY MARCH 15, 2018.
SEND THE FORM TO:**

**Maya Holtz Groys
Jewish Education Center of Cleveland
2030 South Taylor Road
Cleveland Heights, Ohio 44118**