

Jewish Federation of Arkansas
1501 N. Pierce Street, Suite 101
Little Rock, AR 72207
(501) 663-3571
contactus@jewisharkansas.org

CAMP SCHOLARSHIP APPLICATION
Return to JFAR office NO LATER than FEBRUARY 1st

CHILD/CHILDREN NAME(S): _____

PARENT NAME(S): _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

NAME OF CAMP: _____

Children to attend camp: _____

Cost per child: _____

Total Camp Costs: _____

Amt. Family Will Pay: _____

Amt. Requested in Scholarship: _____

Parent Signature: _____ Date: _____