



December 1, 2022

Dear Camp Scholarship Applicant,

The National Council of Jewish Women Valencia Shores Section is pleased to offer \$1,000 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, 2010 and December 31, 2018, are eligible. ***The scholarship is based primarily upon financial need and/or special circumstances.***

The applicants must submit a completed questionnaire, the first two pages of their 2021 or 2022 1040 tax return forms and two 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](mailto:sandymae41@gmail.com). All parts of the application packet must be postmarked by March 8, 2023. The information is shared only with the committee. The stipend will be sent directly to the camp.

Recipients will be notified in early April and we are planning on making the presentation on Wednesday, April 19, 2023.

Sincerely yours,

National Council of Jewish Women

Valencia Shores Section

*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.*

# NATIONAL COUNCIL OF JEWISH WOMEN

## Valencia Shores Section

### CAMP SCHOLARSHIP APPLICANT DATA

Parent/Guardian Name: Last \_\_\_\_\_ First \_\_\_\_\_

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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 \_\_\_\_\_

Does the child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received an NCJW Scholarship in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your family receiving free or reduced lunch, or state or federal subsidies? Yes \_\_\_\_\_ No \_\_\_\_\_

*To help us determine financial need, please provide the first two pages of your 2021 or 2022 1040 tax return forms which indicate your taxable income.*

Camp Name \_\_\_\_\_ Phone number \_\_\_\_\_

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

Cost of camp \_\_\_\_\_ Number of weeks \_\_\_\_\_

**1. Please describe in detail, any special circumstances that have affected your family's ability to pay for camp. Why should the committee choose your child for the scholarship?**

**Use additional pages if needed.**

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**2. Why do you feel your child will benefit from a camp experience?**

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Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**NATIONAL COUNCIL OF JEWISH WOMEN**  
**Valencia Shores Section**  
**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 an involved adult.)*

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?  
*Are you aware of any financial circumstances that would make the family eligible for a scholarship?*

Additional comments \_\_\_\_\_

Your Name \_\_\_\_\_ Title/Relationship \_\_\_\_\_

Contact# \_\_\_\_\_ Address \_\_\_\_\_

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