

# TEMPLE BETH SHOLOM SISTERHOOD

## Campership Application

We are so glad you are considering sending your child to a Jewish residential (sleep-away) camp! We all recognize the lifelong benefits of Jewish camping for our youth. We also know that quality camping experiences can be very expensive. While we have a limited number of camperships, we are committed to enabling TBS families to experience Jewish camps.

In order to be considered for a Temple Beth Sholom Sisterhood Campership, the following requirements and conditions must be met:

- A. You must be a member of Temple Beth Sholom Sisterhood. The exception is men who have 'Friend of Sisterhood' status because of their monetary donation to Sisterhood.
- B. Your camper must be a student in good standing in TBS Religious School.
- C. The campership must go to a Jewish residential (sleep-away) camp that is sanctioned or affiliated with Union for Reform Judaism (URJ, formally UAHC).
- D. Camperships will not be given for the same camper two years in a row.

All campership funds will be paid directly to the camp only. If your camper does not begin his/her session and campership funds have been sent, Sisterhood will be refunded from the camp first before the parent/guardian receives any refund. Camperships cannot be transferred to another camper. Campership funds can, though, be transferred to another approved camp and/or session.

### PLEASE FILL OUT BOTH SIDES OF THIS QUESTIONNAIRE :

Name of Camper: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender: M or F

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Phone No.(\_\_\_\_) \_\_\_\_\_  
Address City/State Zip code

Camp Name: \_\_\_\_\_ Camp Phone No. (\_\_\_\_) \_\_\_\_\_

Camp Address \_\_\_\_\_  
City/State Zip Code

Session # \_\_\_\_\_ Start Date \_\_\_\_\_ # of Days \_\_\_\_\_ Cost \$ \_\_\_\_\_ Camp final payment due by \_\_\_\_\_

\*Please check here if you have not yet applied to the above-mentioned camp but still wish to be considered for a campership \_\_\_\_\_ .

Please check here if this will be the camper's first residential camp experience \_\_\_\_\_.

Please list all previous camp experience (Jewish, non-Jewish, residential, day, specialty camps):

Year	Camp Name and Location (City/State)	Session length	Description/Specialty

Additional camp information is attached. \_\_\_\_\_.

Please list any involvement the camper has in TBS youth programs and events: \_\_\_\_\_

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

Are there any additional circumstances we should take into account? \_\_\_\_\_

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

PLEASE ATTACH A SEPARATE PIECE OF PAPER FROM THE CAMPER: Camper, in your own words, why do you want to go to camp? Why this camp?

By signing below you verify that the information on this application is true and correct, and that you agree to all of the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO:**

TBS Sisterhood, Attention Camperships, 2625 N. Tustin Ave., Santa Ana, CA 92705

This form must be returned by March 1<sup>st</sup> to be eligible for consideration.

For more information, contact: Susan Jasper (562) 865-4558

For Sisterhood Use Only:

Rec'd Date \_\_\_\_\_ Member/Friend \_\_\_\_\_ School Eligibility \_\_\_\_\_ Previous Campership \_\_\_\_\_ All info confirmed \_\_\_\_\_

Refund Notice w/Campership \_\_\_\_\_ Campership Check # \_\_\_\_\_ Mailing Date \_\_\_\_\_ No Campership \_\_\_\_\_