

The Louis S. Wolk JCC of Greater Rochester
1200 Edgewood Avenue, Rochester, NY 14618

Phone: (585) 461-2000 x224
CSL@jccrochester.org

CAMPERSHIP APPLICATION

Please complete this campership application and attach the first two pages of your most recent tax return, showing your "Adjusted Gross Income." Please submit your application and documents to CSL@jccrochester.org or by mail/drop-off at the JCC, Attention: Camp Seneca Lake. Questions? Call (585)461-2000 x224.

| | |
|---|--|
| 1st Guardian First Name | 1st Guardian Last Name |
| <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Address | Zip | Home Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Work Phone | Cell Phone | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|---|--|
| 2nd Guardian First Name | 2nd Guardian Last Name |
| <input type="text"/> | <input type="text"/> |

| | | |
|----------------------|----------------------|----------------------|
| Work Phone | Cell Phone | Email |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

List names and ages of *all* dependents:

| Name | Age | Name | Age |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I request consideration for a reduced rate on Camp Seneca Lake. Amount of money requested:

| |
|-------------------------|
| \$ <input type="text"/> |
|-------------------------|

Are you a member of the Louis S. Wolk Jewish Community Center of Greater Rochester?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Are you an alumni of Camp Seneca Lake?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Are you applying for other financial assistance?

| | | |
|--------------------------|--------------------------|---------------------------------|
| Yes | No | If yes, where are you applying? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Certification:

I have checked this form for omissions and errors, and hereby affirm that the information submitted is correct, accurate and complete and agree to advise the Jewish Community Center of Greater Rochester of any changes in the information submitted. You will receive notification by phone of the decision regarding this request. Payments are arranged via direct debit from a charge card or bank account.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature | Date |

Please feel free to share any additional information that would be helpful in considering your request on the reverse side of this form, or attach an additional sheet if you wish.