

SPRINGFIELD JEWISH FEDERATION
1045 Outer Park Drive, Suite 320
Springfield, IL 62704
www.shalomspringfield.org

APPLICATION FOR CAMBERSHIP

Date of application: _____

Name(s) of camper(s): _____

Name of Parent/Guardian: _____

Address: _____

Telephone: _____ E-mail Address: _____

Name of camp & location: _____

Is this a Day Camp? _____ First time attendance? _____

Jewish overnight camp? _____ First time attendance? _____

I have received a Springfield Jewish Federation campership in the past: Y / N

Amount received \$ _____

I have applied for or intend to apply for camperships from another source Y/ N. If yes,
please provide name of campership(s): _____

I plan to send my children to a Jewish camp regardless of whether I receive a Springfield
Jewish Federation campership Y / N

Amount of Campership requested \$ _____

(Note: This is a guideline only. It does not necessarily mean you will receive this amount.)

Signature of Parent/Guardian: _____

Applications are due by April 1st. Applications received after this date will be considered
if funds are available.

Return to: 1045 Outer Park Drive
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Please call the Federation office at 787-7223 with any questions. More forms can be
downloaded from our website at www.shalomspringfield.org.

