



Camp Chaverim 2025 Financial Aid Policy

With the help of our community's generous support of the Annual Campaign, the UJCVP makes every effort to ensure that no child is denied a quality summer camp experience.

All inquiries and applications are kept strictly confidential.

The amount of financial assistance is determined once an application, and all accompanying documentation, is received. Only complete applications with accompanying documentation will be reviewed. Receiving financial assistance is not guaranteed and funds may not be sufficient to meet the needs of every applicant. The UJCVP does not award 100% assistance.

Your child's camp application must be submitted prior to applying for financial assistance.

Financial Assistance applications are due no later than March 15, 2025. Unfortunately, financial aid applications received beyond the deadline will not be able to be reviewed.

If you have questions about Financial Aid, please contact Libby Batten in our Jewish Family Services office: lbatten@ujcvp.org

Frequently Asked Questions

Do I apply for financial assistance first or camp first?

You must register for camp first before applying for financial aid.

Do I need to pay the registration fee if I am applying for financial assistance?

Yes. Your camp deposit can be refunded if the financial assistance isn't adequate to meet your needs or if no funds are awarded.

Do I apply for all my children going to camp in one financial assistance application or separate requests?

You can apply for all your children on one financial assistance request.

How do I submit my application?

Completed applications can be emailed to Libby Batten at lbatten@ujcvp.org. Or it can be hand delivered or mailed to the UJCVP at 401 City Center Blvd, Newport News, VA 23606.

Who is able to complete this application?

Only a parent or legal guardian is able to submit this application. Must have proof of legal guardianship.

Request for Financial Aid

Information submitted is completely confidential

Adult in Household

First Name:	Last Name:
Date of Birth	Email Address:
Address:	City/State/Zip:
Home Phone:	Cell Phone:
Occupation:	Place of Business:
Work Phone:	Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Additional Adult in Household (and/or responsible party)

First Name:	Last Name:
Date of Birth	Email Address:
Address:	City/State/Zip:
Home Phone:	Cell Phone:
Occupation:	Place of Business:
Work Phone:	Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Dependents in Household (please check box for those you are applying for aid for)

<input type="checkbox"/> Name:	Date of Birth:	Relationship to Applicant:
<input type="checkbox"/> Name:	Date of Birth:	Relationship to Applicant:
<input type="checkbox"/> Name:	Date of Birth:	Relationship to Applicant:
<input type="checkbox"/> Name:	Date of Birth:	Relationship to Applicant:

Income and Assets	Adult	Adult
Annual Wages, Salary etc.	\$	\$
Annual Anticipated Bonus	\$	\$
Monthly Child Support Received	\$	\$
Monthly Alimony Received	\$	\$
Unearned Income (pension, dividends)	\$	\$
Income from other sources	\$	\$
Social Security Income	\$	\$
Disability	\$	\$
Unemployment Compensation	\$	\$
Other:	\$	\$

TOTAL GROSS HOUSEHOLD INCOME:

Monthly Expenses

Monthly Housing Payments	\$	\$
Monthly Car Payments	\$	\$
Type & Year of Car (s)		
Monthly Child Support Payment	\$	\$
Monthly Alimony Payment	\$	\$
Additional Expenses		
Credit Card Debt	\$	\$
Bank Loans	\$	\$
School Loans	\$	\$
Private School Tuition	\$	\$

TOTAL MONTHLY EXPENSES \$

Describe any extraordinary expenses or special circumstances, included anticipated duration of circumstances.

How long do you anticipate needing financial assistance?

Amount you can afford to pay per week:

Are you willing to continue making payments after camp is completed if it will allow for lower payments during camp? Yes No

Why is it important for your child to attend Camp Chaverim?

Describe how you are or will become involved at the UJCVP and in the community:

Return the following forms with this application:

Important: no application will be processed without all documents and information included.

- Most recent income tax return(s) or a note that you do not have to file income tax
- Most recent W-2s
- Most recent payroll slips
- Social Security Award letter (if receiving Social Security)
- Documentation for legal guardianship (if applicable)

I hereby state that the information shown on this form and all supporting documentation is complete and correct to the best of my knowledge. I understand that if information on this form is found to be willfully false, inaccurate, or incomplete, it may affect my child(ren)'s participation in Camp Chaverim. I understand that if I accept the Financial Aid granted, I am responsible for paying all balances by the agreed upon date. I acknowledge and give permission for my information to be reviewed by key UJCVP personnel only and my information will be kept strictly confidential.

Applicant Signature:

Date:

