



Jewish Federation
OF GREATER NAPLES

THE **STRENGTH** OF A PEOPLE.
THE **POWER** OF COMMUNITY.

Financial Need-Based Partial Scholarships

Jewish Summer Sleep Away Camp
Israel Summer Experience Programs*
Summer Leadership Programs*
Jewish Youth Group Conventions*

For additional information please contact:

[Jewish Federation of Greater Naples](#)

239-263-4205

Scholarship Deadlines:

February 9, 2026 → camp

*Please contact the office for any other specific program deadline dates

Applications will not be considered until **ALL** pertinent information has been received.

2025 Jewish Sleep Away Camp/Israel Experience Scholarship Program

The Jewish Camp/Israel Experience Scholarship Fund has for many years been comprised of monies contributed by Jewish Federation of Greater Naples, some very generous private donors in our community and by Temple Shalom.

The Scholarship Committee reviews **partial** scholarship applications for Jewish camps and educational programs in Israel available for Jewish children residing in Collier County. The Federation has a set amount of money budgeted each year, while the number of applicants varies from year to year. The amount of each scholarship depends on individual needs as well as the number of children requesting scholarships. It is our goal to make scholarships available to all eligible applicants. First time campers will be given precedence over those campers who have been attending for 3+ years. First time campers can go to www.OneHappyCamper.org and apply for an additional grant.

Please fully complete the application form, including the amount the applicant and applicant's family will contribute along with any other funds you expect to receive. This amount should be based on the contributions of the student, parents, and other relatives who are planning to help the student. The student's contribution can be based on money the child has already saved, or what they anticipate earning between now and camp; (i.e. the amount they will be able to earn doing chores, baby-sitting, etc.)

We consider applications for admission to Jewish sleep away camps, such as; URJ (Union of Reform Judaism) Camps, such as Camp Coleman and 6 Points, USY (United Synagogue Youth) Camps and all other qualified affiliated or independent Jewish camps.

Each recipient should:

- Each recipient and their family are **required to volunteer** within the greater Naples Jewish Community through their congregation or with the Federation.
- Write a **one-page essay** about their camp/Israel experience to be published anonymously in the *Federation Star* newspaper (excerpts may be taken).
- Write a **thank you letter** to the Jewish Federation of Greater Naples.

If you have questions, please call the Federation at (239) 263-4205

**APPLICATIONS MUST PROVIDE COMPLETE INFORMATION
FOR SCHOLARSHIP CONSIDERATION.**

Please return all forms to Renee at: rbialek@jewishnaples.org

Jewish Sleep Away Camp/Israel Experience Scholarship Application Form
(PLEASE PRINT LEGIBLY)

Applicant's Name _____ Email Address: _____

Address _____

Cell phone _____ Date of Birth _____ Current age _____

School _____ Current Grade _____

Father's Name _____ Cell Phone: _____ Email _____

Father's Occupation & Employer _____ Annual Income _____

Mother's Name _____ Cell Phone: _____ Email _____

Mother's Occupation & Employer _____ Annual Income _____

Please list the best parent to contact with the best phone number _____

Family information:

Number of children in household _____ Ages _____, _____, _____, _____, _____

Do you ___ Rent or ___ Own your home, Amount of monthly mortgage/rent \$ _____

Annual property taxes \$ _____

Number of cars in household _____ Do you own/lease your vehicles _____

Year/Make _____, _____, _____

Extenuating circumstances:

**PLEASE ATTACH A COPY OF YOUR MOST CURRENT COMPLETE
1040 INCOME TAX RETURN (ALL PAGES & SCHEDULES)
ONE COPY PER FAMILY (IF THERE ARE MULTIPLE APPLICANTS)
IMPORTANT: BLACK OUT YOUR SSN/TAX ID NUMBER**

PROGRAM INFORMATION:

Program Name & Address _____

Program Phone _____ Contact Person & Email _____

Length of Program (check one) _____ Summer Camp _____ Israel Experience

Beginning Date of Program _____

PRIOR CAMP/ISRAEL EXPERIENCE:

Have you ever been to Israel or a Jewish Camp? _____ YES _____ NO

Date _____ Program/Camp Name _____

Previous Scholarships - Agency and Amount _____

Have you applied for OneHappyCamper? _____ YES, Date: _____

APPLICANT'S JEWISH INVOLVEMENT:

Congregation Affiliation _____

Youth Group Membership _____

Other Jewish Involvement/Activities (specify) _____

APPLICANT'S STATEMENT:

IMPORTANT! A statement (on separate attached paper) of approximately 300 words explaining why you want to travel to Israel or attend a Jewish summer camp at this time is required.

Each item on the application **MUST** be filled out completely.

* Israel Experience Programs routinely offer scholarships through the sponsoring agency. Applicants are required to apply for all additional scholarships.

Circle one: Camp or Israel Program

• Name of program _____ Cost \$ _____

• Program dates of attendance: _____

Family Contribution:

• Amount provided by applicant \$ _____

• Amount provided by applicant's family \$ _____

Other Scholarships Applied For:

Agency Name: _____ Date requested: _____ Requested amount \$ _____

Agency Name: _____ Date requested: _____ Requested amount \$ _____

Agency Name: _____ Date requested: _____ Requested amount \$ _____

Amount requested from the Jewish Federation of Greater Naples: \$ _____

Signature of Applicant _____ Date _____