



Camp Young Judaea West Incentive Grants SUMMER 2008 APPLICATION

Name of Applicant: _____ Birth Date: _____ Age: _____ Sex: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email (MANDATORY): _____

Applicant's Temple: _____

Applicant's School: _____

Session Applicant is attending this summer: _____

This is Applicant's 1st year at a Jewish overnight camp with a session of at least 3 weeks. Yes No*
*If the answer is no, applicant will not be eligible for this grant.

If Applicant attended another overnight camp previously indicate name: _____

By signing below I certify that all information stated is correct and complete, and understand that incomplete Applications will be rejected.

Print: _____ Parent or Guardian

Signed: _____ Parent or Guardian

Date: _____

Submit completed application to:

CAMP YOUNG JUDAEA WEST

8370 Via de Ventura K-150

Scottsdale, AZ 85258

Phone: 1.866.9YJ.WEST

Fax: 480.998.1870

Grants are subject to availability, in Young Judaea's sole discretion.

*The Campership Incentive Program is made possible by Young Judaea and Hadassah in partnership with
The Foundation for Jewish Camping*



FOUNDATION FOR JEWISH CAMPING, INC.