



# Synagogue Participation Form

## **INSTRUCTIONS FOR THE CAMP FAMILY APPLICANTS:**

This form needs to be completed by your synagogue and **not** by you personally. Please fill in your family information and present this form to the Rabbi, Cantor, Educator or Administrator of your congregation. They will send this form back to Camp Harlam. **Please make sure that the appropriate person at the synagogue completes and returns the form to indicate the level of support they intend to provide so that upon receipt, it can be applied as a scholarship credit to your account. It is also totally acceptable for your contact person to send an email indicating their commitment to JWasserman@URJ.org**

Camper Name (only one child per form): \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_

## **INSTRUCTIONS FOR THE SYNAGOGUE:**

Camp Harlam is committed to creating a partnership between the family, the congregation and the camp. Knowing the level of support you intend to provide is helpful to us in forming our own decisions for those families that are applying for financial assistance. Your commitment will result in a scholarship credit being applied to this family's account and lessening their responsibility. **THE SCHOLARSHIP WILL BE APPLIED WITH THIS COMMITMENT AND PAYMENT IS NOT REQUIRED AT THIS TIME. WE KINDLY ASK THAT YOU SEND THIS FORM (OR AN EMAIL to [JWASSERMAN@URJ.ORG](mailto:JWASSERMAN@URJ.ORG) WITH YOUR SCHOLARSHIP COMMITMENT) AS EARLY AS YOU ARE ABLE.**

Please complete this form and return it directly to the Camp Harlam office by **February 28th** in order for financial assistance to be determined in a timely manner. Thank you for partnering with us to help get Jewish children to camp.

**Please note that scholarship funds should be sent directly to Camp Harlam to avoid any billing or accounting issues.**

Name of Synagogue: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

**Amount of Assistance Synagogue will Provide: \$** \_\_\_\_\_

Name of Contact Person at Synagogue: \_\_\_\_\_  
Position: \_\_\_\_\_ Direct Telephone: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete this form and return it **no later than February 28<sup>th</sup>** to:

[JWasserman@URJ.org](mailto:JWasserman@URJ.org)

575 Smith Rd., Kunkletown, PA 18058