



BUSINESS OFFICE | 301 City Avenue, Suite 110 | Bala Cynwyd, PA 19004 | T 610-668-0423 | F 610-668-3461
CAMP & RETREAT CENTER | 575 Smith Road | Kunkletown, PA 18058 | T 570-629-1390 | F 570-629-4815
Harlam.org | CampHarlam@URJ.org

2020 Financial Assistance Program Synagogue Participation Form

INSTRUCTIONS FOR THE CAMP FAMILY APPLICANTS:

This form must 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 it can be applied as a scholarship credit to your account.**

Camper Name (only one child per form): _____

Parent/Guardian Names: _____ Primary Contact Phone: _____

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 that 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.**

Please complete this form and return it directly to the Camp Harlam office by **February 28, 2020** in order for financial assistance to be determined in a timely manner. Thank you for partnering with us to help get 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, 2020** to:

URJ Camp Harlam
301 City Avenue, Suite 110
Bala Cynwyd, PA 19004
Attention: **Financial Assistance Program**
Fax: 610-668-3461 | Email: JWasserman@URJ.org

