

CAMP GAN ISRAEL

SCHOLARSHIP APPLICATION FORM

Last name _____ Child(ren)'s name(s): _____

Address: _____ City: _____ Zip: _____

Phone(s): _____ Number of children in the family: _____

Father's Name: _____

Occupation: _____

Name of Employer/Company: _____

Phone of Employer/Company: _____

Gross annual income: _____

Additional parsonage: _____

Mother's Name: _____

Occupation: _____

Name of Employer/Company: _____

Phone of Employer/Company: _____

Gross annual income: _____

Day care expenses: _____

If you are on public assistance please give your case number _____

Last Year's total family Income, including second jobs, alimony, child support etc: _____

Marital Status: _____ married _____ divorced _____ separated _____ single parent

If you are a single or remarried parent, how much will the other parent contribute towards child's camp expenses? _____

Number of weeks your child(ren) will be attending camp _____ Number of children attending _____

Total payment due for camp (without scholarship) _____

Amount you are able to pay _____ Scholarship request _____

Please state any extenuating circumstances, that apply to your individual situation, that you would like to be considered:

Any scholarship request that exceeds 25% of total fee, must be accompanied by the most recent tax return. Scholarships will be based on financial capabilities plus the amount of weeks your child(ren) will be attending.

All scholarship requests must be received by May 15th.

I hereby certify that the above information is true and correct to the best of my knowledge.

Name of person filling out this form: _____ Signature: _____ Date: _____