

# Camp Gan Israel Scholarship application!

Please be sure to complete all requested information and sign on the bottom of the form.

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

How many children are in your family? \_\_\_\_\_  
Marital Status (Head of Family): \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced  
\_\_\_ Widowed

<u>SS#</u>	<u>Yearly Income</u>	<u>Occupation</u>
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Mother \_\_\_\_\_  
Father \_\_\_\_\_

Employers Name: \_\_\_\_\_  
Employers Address: \_\_\_\_\_

What is your family's total income before deductions? (Include wages of all working members, welfare payments, social security, and all other income)

Fill in one:

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

Do you own a home? \_\_\_\_\_ Monthly Mortgage Payment? \_\_\_\_\_

Do you rent a home? \_\_\_\_\_ Monthly rent? \_\_\_\_\_

School \_\_\_\_\_ Tuition \_\_\_\_\_

Do you receive welfare assistance? \_\_\_\_\_ if yes, which category? \_\_\_\_\_

Do you receive Medicaid? \_\_\_\_\_ Medicaid No. \_\_\_\_\_

How long would like your child to attend camp? \_\_\_\_\_

What is the absolute most you can contribute to the Payment \$ \_\_\_\_\_

What is the reason you need to request this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are the reasons you want your child to attend camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What will the children do if not attending Camp Gan Israel this summer?

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Please give the name and address of two references that are not related who is familiar with your situation:

1. \_\_\_\_\_

Briefly describe how they are familiar with your situation \_\_\_\_\_

2. \_\_\_\_\_

Briefly describe how they are familiar with your situation \_\_\_\_\_

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I hereby certify that the above information is correct to the best of my ability and I authorize the camp scholarship fund to verify the accuracy of my application by contacting my employer and/or children's school, running a TRW credit check or researching any other information provided on this form.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_