



# CAMP GAN ISRAEL SCHOLARSHIP APPLICATION

Family Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_

Camper will be attending for \_\_\_\_\_ Entire Summer OR \_\_\_\_\_ # of weeks.

Will you need extended care if available? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Financial Information

Father \_\_\_\_\_ Mother \_\_\_\_\_

Work Place \_\_\_\_\_

Take home pay \$ \_\_\_\_\_ \$ \_\_\_\_\_

Years with current employer \_\_\_\_\_

Marital Status \_\_\_\_\_ # of dependents \_\_\_\_\_ Own Home \_\_\_\_\_ Rent \_\_\_\_\_

Monthly Mortgage/Rent \$ \_\_\_\_\_ Annual tuition payments to other schools \$ \_\_\_\_\_

Amount you wish to pay per week \$ \_\_\_\_\_ OR for entire summer \$ \_\_\_\_\_

### Statement of Accuracy

I assert that the information listed herein is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

You must indicate reason for request on the reverse side of the form. Please include any documents to support your need for financial assistance.



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