

Camp Gan Israel Scholarship Form

Family Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

1) Campers Name _____ Sex ___ Age ___ School _____ Grade _____

2) Campers Name _____ Sex ___ Age ___ School _____ Grade _____

Check which you are applying for ? Session 1 " Session 2 " Both Sessions " Bonus Week "

Fathers Occupation _____ Annual take home income \$ _____

Work place _____ Telephone # _____

Years with current employer ___ Previous employer's name _____ Years _____

Annual income from previous employer \$ _____ Telephone # _____

Mothers Occupation _____ Annual take home income \$ _____

Work place _____ Telephone # _____

Years with current employer ___ Previous employer's name _____ Years _____

Annual income from previous employer \$ _____ Telephone # _____

Marital Status _____ Number of dependents _____ Own Home " Rent Home "

Monthly Mortgage / Rent \$ _____ Annual tuition payments \$ _____

Family Vehicles: How many _____ Make _____ Model _____ Year _____

Make _____ Model _____ Year _____ Make _____ Model _____ Year _____

Statement Of Accuracy

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

Signature _____ Date _____ Relationship to child _____

You must indicate reason for request and amount you wish to pay on the second sheet of this form.

All scholarship applications must be accompanied with supporting documents, e.g. copy of current tax return.

Forms sent in without acceptable documents will be returned without consideration.

This Area For Official Use Only

Application received _____ Base Rate _____ Requesting _____% _____value Grant _____

