

B.H.

GAN ISRAEL DAY CAMPS

Before applying for a campership (scholarship), please be aware that the registration process must be completed first. This is done by filling out the **camp application form** for your child/ren and submitting a deposit. (check or credit card). We will not process the deposit until the campership procedure is completed. Information on camperships will be available one or two months after submitting this campership application. Camperships are granted based on need and on a first come, first served basis. A limited amount is available, so apply early!

This application must be fully completed and mailed to: **Gan Israel Campership Fund, 2174 Hewlett Ave. Suite 100, Merrick, NY 11566.**

Child/ren you are applying for:

| Full Name | Jewish Name | Age | Male/Female | Date of Birth |
|-----------|-------------|-----|-------------|---------------|
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Father's Name: _____ Mother's Name: _____

Please check one: Married Divorced Separated

Address: _____ City, State, Zip: _____

Telephone: Home _____ Work: _____ Other: _____

Occupation: _____

Employer's Name: _____

Employer's Address _____

How many children are in your family? _____ Which school/s do they go to? _____

Which camp did your child/ren go to last summer? _____

How many weeks & days will your child/ren attend Gan Israel? _____

Why is your situation one of financial hardship? _____

Please list 2 references:

1: Name: _____ Phone: _____ Relation to you: _____
 2: Name: _____ Phone: _____ Relation to you: _____

HOUSEHOLD MEMBERS & TOTAL HOUSEHOLD INCOME:

Show how often each amount is received.
 Examples: \$100/weekly, \$100/bi-weekly, \$100/2x per month, \$100/monthly
 If pay period is not noted, we will assume the reported income is received weekly.

| List the names of everyone in your household | Earnings from Work Before Deductions | Child Support, Alimony, Etc. | Payments from Pension or Retirement | Other Income |
|----------------------------------------------|--------------------------------------|------------------------------|-------------------------------------|--------------------|
| | Amount / How Often | Amount / How Often | Amount / How Often | Amount / How Often |
| 1. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 2. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 3. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 4. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 5. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 6. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 7. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 8. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 9. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |
| 10. _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ |

1. **SIGNATURE:** An adult house member must sign this application.

I certify that all of the information is true and that all income is reported. I understand that the information is being given to the camp scholarship committee in order to evaluate the need for a campership discount. I understand that all information submitted will be kept confidential.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE –FOR CAMP USE ONLY

Application APPROVED for campership discount. Discount amount: \$ _____

Application not approved. Reason: _____

Signature of Reviewing Campership Committee Member: _____ Date: _____