

Camp Gan Israel SCV - Scholarship Application

Personal Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Address: _____

City, State, Zip _____

Financial Information

Do you Own Rent Monthly rent or mortgage payments: \$ _____

Employer's Name and Telephone number of:
Father: _____

Mother _____

Current gross monthly earnings: Father: \$ _____ Mother: \$ _____

Number of children in family: _____

I can afford to pay a total of \$ _____ per child for camp tuition.

Number of children attending camp _____ Number of weeks per child _____

Please State the reason(s) why you feel a scholarship should be granted in your situation.

Please print or type.

Parent's signature _____