

B”H

# CAMP GAN ISRAEL SCHOLARSHIP FUND

## Confidential scholarship application

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

Name: Child # 1 \_\_\_\_\_ Age \_\_\_\_\_  
Child # 2 \_\_\_\_\_ Age \_\_\_\_\_  
Child # 3 \_\_\_\_\_ Age \_\_\_\_\_

### Family Information:

Father’s Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: H \_\_\_\_\_ W \_\_\_\_\_  
SS# \_\_\_\_\_  
Yearly Income \_\_\_\_\_  
Occupation \_\_\_\_\_

Mother’s Name \_\_\_\_\_  
Hebrew Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: H \_\_\_\_\_ W \_\_\_\_\_  
SS# \_\_\_\_\_  
Yearly Income \_\_\_\_\_  
Occupation \_\_\_\_\_

Marital Status (Head of Family):  Married  Separate  Divorced  Widowed

How much can you afford to pay for each child? \_\_\_\_\_

What is your family 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 rent or own your home? \_\_\_\_\_ Monthly home payment \_\_\_\_\_

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

Do you receive welfare assistance? \_\_\_\_\_

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

What are your reasons for requesting this scholarship? \_\_\_\_\_

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

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