

Camp Gan Israel of NWBC Scholarship Application

Personal Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Email Address: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Email Address: _____

Address: _____

City, State, Zip _____

Financial Information

Do you Own Rent a home? Monthly rent or mortgage payment: \$ _____

Employer's Name, Address and Telephone number of:

Father: _____

Mother _____

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

Does your child(ren) attend private school? No Yes - If yes, name of school: _____

Tuition per school year: \$ _____ Number of children in family: _____

I can afford to pay a total of \$ _____ per month for my child(ren) to attend Gan Israel.

Please indicate why you feel a scholarship should be granted to you.

Which summer camp(s) / program(s) did your child attend last year?

1. _____ 2. _____

Did you receive any scholarships? _____ What was your total camp tuition? \$ _____

I hereby give Gan Israel of NWBC permission to verify my place of employment, my children's schools or any other relevant information on this form.

Signature

Date

Please mail this Scholarship application along with a completed registration form and a refundable check for the amount of \$50 per child to: CGI of NW Bergen County, P.O. Box #63, Franklin Lakes, NJ 07417.

Please note: Your check will not be deposited until scholarship details have been mutually agreed to by all parties concerned.

ALL INFORMATION COLLECTED HERE IS STRICTLY CONFIDENTIAL.