

Camp Gan Israel Scholarship Application

Confidential Application for Financial Assistance

Date of Application: _____

Please complete all following questions in full and attach the necessary documents (photocopies only) and return to the Chabad Center of Raleigh.
Balance of the allocation must be paid in full or on a monthly basis.

Personal Information

Father's Name: _____ E-mail: _____

Home Phone Number: _____ Work Phone Number: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Mother's Name: _____ E-mail: _____

Home Phone Number: _____ Work Phone Number: _____ Mobile Phone: _____

Occupation: _____ Employer: _____

Address: _____ City, State, Zip _____

Name and ages of child(ren) you are requesting assistance for: _____

Name and ages of child(ren) of other children in the household: _____

Financial Information Part 1

Single-parent household? Yes No

Your present gross income level is:

Under \$20,000 \$20,001 to \$25,000 \$24,001 to \$25,000 \$25,001 to \$30,000
 \$30,001 to \$35,000 \$35,001 to \$40,000 \$40,001 to \$45,000 \$45,001 to \$50,000 Over \$50,000

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

Employer's Name, Address and Telephone number of:

Father: _____

Mother _____

Other Information that may be of help:

Financial Information Part 2

Is there a volunteer service that you can provide to the Camp Gan Israel or Chabad Center of Raleigh?

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

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

Total per summer for child/ren \$_____

*It is the policy of the Chabad Center of Raleigh to provide services for any person who desires to participate and understands the benefits of the Chabad Center, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded assistance, based on their demonstrated need. Funds for financial assistance have been made available through generous contributions. Both subjective and objective criteria are factored into assistance decisions. The Chabad Center believes that ownership and pride are best developed when recipients of financial assistance contribute to the cost of their Chabad Center involvement. **Thus, all eligible recipients will be asked to pay a portion of the membership/program fees.***

*Applications **must be completed in full** and are processed in the order they are received. Notification will be mailed to you as to what you qualify for within two weeks of receiving the application.*

Upon completing this application and signing it, I certify that the information supplied therein is true, accurate and complete to the best of my knowledge and have read, understand and agree with the Chabad Center of Raleigh's Financial Assistance policies.

I hereby give the Chabad Center of Raleigh permission to look into my place of employment, my children's schools or any other information on this form for verification.

Print

Signature

Date

ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE

This Scholarship application must be accompanied by an application for Camp Gan Israel. The application must be completely filled out and a refundable check for the amount of \$50 for each child must be enclosed.

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

For Internal Use Only

Appraisal conducted by: _____ Date _____

Comments: _____
Amount of assistance granted: _____ Staff Initials _____