

B.H.

## GAN ISRAEL DAY CAMPS

### *The Matthew and Sara Kaminsky Campership Fund*

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

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: \_\_\_\_\_