

Chabad of Sacramento

CAMP GAN ISRAEL – SCHOLARSHIP APPLICATION

Return application together with your registration form to:

Camp Gan Israel/Chabad of Sacramento –945 Evelyn Lane – Sacramento, CA 95864

Child #1

Last Name: _____ First Name: _____

Child #2

Last Name: _____ First Name: _____

FAMILY INFORMATION:

Home Address: _____ City: _____ Zip: _____

Home Phone: _____

FATHER:

Last Name: _____ First Name: _____

Employer: _____ Years there: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Mother:

Last Name: _____ First Name: _____

Employer: _____ Years there: _____

Business Phone: _____ Cell Phone: _____



Email: _____

Explain why you feel you need scholarship assistance. List any unusual circumstances that the committee should know about. This information is used to help determine eligibility. Applications are held in the strictest confidence.

SCHOLARSHIP OPTIONS

- I would like to apply for a full tuition scholarship of \$200 per session (\$20 registration and shirt fee not included).
- I would like to apply for a partial scholarship of \$50 \$100 \$150 \$175 and agree to pay \$____ per session.
- I agree that all the information which I have provided is accurate. I further agree to adhere to the payment schedule agreed upon.
- I have completed the registration form and I have enclosed my registration fee and appropriate payment for my child(ren) to attend Camp Gan Israel.

Parent's Signature: _____ Date: ____ / ____ / _____

Parent's Signature: _____ Date: ____ / ____ / _____