



בס"ד

Chabad Jewish Community Center CAMP GAN ISRAEL – SCHOLARSHIP APPLICATION

Return application together with your registration form to:
Camp Gan Israel/Chabad JCC of Folsom – 302 South Lexington Drive Suite B - Folsom, CA 95630

Child #1

Last Name: _____ First Name: _____

Child #2

Last Name: _____ First Name: _____

FAMILY INFORMATION

Home Address: _____ City: _____ Zip: _____

Subdivision: _____ Home Phone: _____

FATHER

First Name: _____

Employer: _____

Years there: _____

Business Phone: _____

Cell Phone: _____

Email: _____

MOTHER

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 \$250 per session (\$50 registration and shirt fee not included).

☐ I would like to apply for a partial scholarship of ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$200 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: ____ / ____ / ____

