



Camp Assistance

ג"ס

In Memory of Eliyahu Yaakov Ben Bahieh

Dear Parents, ה"ו

Enclosed please find the Confidential Supplement Scholarship form which will be used to accommodate your request. This will entitle you to a reduction of up to \$300 per child. This is aside from any other camp promotions or discounts.

In order to apply, please complete the information below and return it as soon as possible along with your completed camp application.

As you understand our accountability to our supporters, we feel that we can rely on your integrity, and that it will be honestly reflected in the information you supply us.

In order for your application to be reviewed, your child/ren must be registered in camp. Have in mind, our scholarship funds deplete rapidly as registration progresses and are dispensed on a first- come- first- serve basis.

Please understand that many factors are considered with each application. You will be notified within two weeks if you are selected.

COMMUNITY ASSISTANCE

CAMP FUND



1123 Avenue N • Brooklyn, NY 11230



Camp Assistance

In Memory of Eliyahu Yaakov Ben Bahieh

Family Name: _____ Father's Name: _____

Address: _____ Phone Number: _____

Mother's Name: _____ Mother's Maiden Name: _____

Family Shul: _____ Family Rabbi: _____ Rabbi's number: _____

Campers Applying For:

1) _____ Half Summer Full Summer Camp Attended in 2019: _____

2) _____ Half Summer Full Summer Camp Attended in 2019: _____

3) _____ Half Summer Full Summer Camp Attended in 2019: _____

4) _____ Half Summer Full Summer Camp Attended in 2019: _____

Total number of people in household (including adults): _____

Please list all children and their ages (including children you're applying for):

Name:	Age:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Annual Income:

Father's Occupation: _____ Firm Name: _____ Years at firm: _____

Salary: _____

Mother's Occupation: _____ Firm Name: _____ Years at firm: _____

Salary: _____

I am applying for a scholarship for the following reason: _____

Signature

Date