

ESTABLISHED IN MEMORY OF AVROHOM ELIEZER GOLDMAN ז"ל

LEAH LIPSKER
822 MONTGOMERY ST.
BROOKLYN, NY 11213
PHONE: 347-907-0863 FAX: 718-504-3744

SCHOLARSHIP APPLICATION

Child's Name: _____

Address: _____

Telephone: _____ Age: _____

Has your child been to camp before: Yes No If Yes, which camp? _____

Parent's status: Married Divorced Single

Father's Name: _____ Occupation: _____

Business Address: _____ Salary: \$ _____

Mother's Name: _____ Occupation: _____

Business Address: _____ Salary: \$ _____

Monthly Rent: \$ _____ Do you own your home? Yes No

Number of adults in your family: _____ Number of children in your family: _____

Child's School: _____ Tuition: \$ _____

How long would you like your child to attend camp? _____

Which camp would you like to send your child to? _____

How much do you feel you can afford to pay? \$ _____

What are the reasons for your requesting this scholarship? _____

Please attach last income tax return and letters from child's principal and Rabbi.

Please attach last rent receipts and tuition receipts.

Social Security #: _____

Parent's Signature: _____ Date: _____

.....
Below the line is for official use only.

Camp Fund Committee Decision: