

# KEREN AVROHOM ELIEZER CAMP FUND

בס"ד

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: