

CGI SUMMER CAMP SCHOLARSHIP POLICY

Policy Statement

It is the policy of the Camp Gan Israel to provide financial assistance to applicants who request it whenever possible. The intent of this policy is accomplished by setting fees at rates affordable to the residents in the Bay Area, and by providing financial assistance to those for whom the Camp Gan Israel's fees are not affordable. Please note that financial assistance is a limited fund and funds will be disbursed based on applicant's financial need. Both partial and full scholarships are available. Receipt of scholarship award(s) in previous years does not determine eligibility for current summer camp year.

Selection Process

Applicants must submit income verification (W2, Pay stub, Voucher, SSI, etc.) for the entire household. This information will be kept confidential and used only in determining financial eligibility. Based on a review of the application, the program director will determine financial assistance eligibility. A sliding scale based on total household income and number of residents will be used to determine the scholarship award.

Fees and Restrictions

Those who are granted scholarships should pay for the remaining camp fees in full or paid in full with three monthly installments.

Application

Please fill out the following form **COMPLETELY**. If you have questions regarding scholarships, please email our office at office@chabadberkeley.org. Return completed form via email to miriamferris@gmail.com or post mail to:

Gan Israel Berkeley
P.O. Box 5292
Berkeley, CA 94705

CGI SUMMER CAMP SCHOLARSHIP APPLICATION

ONE FORM PER CAMPER

1. Please Print or Type:

Session # (1st Choice) ___ Camp Name _____

Session # (2nd Choice) ___ Camp Name _____

How did you find out about our camp? Word of Mouth/Recommendation Brochure/Poster/Postcard
 Website/Social Media Email Outreach Other _____

Has your child ever received a scholarship from Camp Gan Israel? Yes ___ No ___ If yes, when _____

2. Camper Name: _____ **Gender:** M F

Birthdate: _____ Age when child starts camp: _____ Grade in Fall: ___ School name: _____

3. Name of Parent(s) or Legal Guardian(s): _____

Address: _____ City _____ State _____ Zip _____

Home phone: _____ Work phone: _____ Cell phone _____

Email address: _____

4. Monthly Household Income from ALL sources:

GROSS

NET

Earnings (Salary, Wages, Commissions, etc.)

Agency Subsidy (Welfare, Social Security, etc.)

Other (Alimony, Child Support, etc.)

TOTAL

Please list the total number of adults and children living on income represented here: _____

Employer's Name: _____ Employer's Phone Number _____

COPY OF INCOME VERIFICATION (W-2, PAYSTUB, VOUCHER, SSI, ETC)

**This information will be kept confidential and used only in determining financial eligibility.*

5. Do you need extended care? Yes No

6. Are there any special circumstances that you feel we should be aware of in determining financial assistance?

7. I certify that the above information is true and authorize Gan Israel Berkeley to verify all information on this form.

Signature of Parent/Guardian: _____ **Date:** _____