



Camp Gan Israel Berkeley

FINANCIAL ASSISTANCE FOR CAMP GAN ISRAEL

DEADLINE: May 15, 2017

SEND COMPLETED APPLICATION DIRECTLY TO CAMP (see below):

Who funds day camp financial aid? Financial assistance for day camp scholarships is from Chabad of the East Bay, The Jewish Community Foundation and the Jewish Federation of the East Bay. A lay committee makes the award decisions and the process is anonymous.

INSTRUCTIONS:

Scholarships will cover camp tuition. (*Bus fees are not covered.*)

- Attach a signed copy of **the first two pages of your 2016 federal tax return**
OR if you have not filed your 2016 federal tax return, a signed copy of **the first two pages of your 2015 federal tax return**
OR if you don't file: include statements from all sources of income for 2016 including AFDC, trust, unemployment, family support or outside agency financial assistance etc.
- Please note the Camperships Committee cannot review incomplete applications.
- Camp Gan Israel** -- Chabad of the East Bay, POB 5292,
Berkeley, CA 94705, 510-540-5824, Email: office@chabadberkeley.org



Camp Gan Israel Berkeley

<p>PARENT 1</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Social Security #: _____</p> <p>Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other</p> <p>Synagogue: _____</p> <p>Synagogue Location: _____</p> <p>Parent's name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____</p> <p>Job Title: _____</p>	<p>PARENT 2 (even if divorced)</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Partner</p> <p>Social Security #: _____</p> <p>Religious Affiliation: <input type="checkbox"/> Jewish <input type="checkbox"/> Other</p> <p>Synagogue: _____</p> <p>Synagogue Location: _____</p> <p>Parent's name: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p> <p>Employer: _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time — # of hours: _____</p> <p>Job Title: _____</p>
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Parents' Current Marital Status: Married Separated Divorced Widowed Single (never married)

Who claims the applicant: Both Parent 1 / Parent 2 Alternate Years Parent 1 Parent 2

Tax return filing status: Married Head of Household Single

Total exemptions claimed on 2007 federal tax return that you will be submitting: _____

Were you born in the U.S.? Yes No — Country of origin: _____ Date of arrival: _____

List all education expenses for all members of the household (including day care, religious school, or secular education)

MEMBER OF HOUSEHOLD	NAME OF EDUCATIONAL INSTITUTION	CURRENT GRADE LEVEL	ANNUAL TUITION	ANNUAL FINANCIAL AID ASSISTANCE	PARENT PAYS ANNUALLY
			\$	\$()	\$
			\$	\$()	\$
			\$	\$()	\$
			\$	\$()	\$
TOTAL:			\$	\$()	\$



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CAMP GAN ISRAEL FINANCIAL AID APPLICATION: Financial Information

FORM #2

Please fill in the information requested below (put "0" if the category does not apply):

2016 YEARLY Income	Amount	Average MONTHLY Expenses	Amount
Yearly gross wages or commissions		Monthly rent or mortgage	
Unemployment		Clothing, entertainment, vacations	
Gross business income (Self-employed)		Household expense, food, utilities, cable etc	
Tax Refunds or credits		Medical/dental premium you cover	
Interest income (include exempt)		Medical and dental out of pocket	
Dividends (Schedule B or exempt)		Monthly education expense for all	
Capital gain or loss (Schedule D)		Alimony support	
Pension income, annuities, IRA distributions		Child support	
K1, Real estate, trusts, S-corps, etc.		Gas, oil, auto repairs, local transportation	
Unemployment, worker's comp, disability		Lease payments	
Taxable social security or benefits		Credit card payments	
Food stamps or other public assistance		Car insurance	
Child support or alimony received		All other insurance	
Non-taxable social security or interest		Other: _____	
Savings or other non-taxable		Other: _____	
Family or friends' assistance		Other: _____	
TOTAL YEARLY INCOME	\$	TOTAL MONTHLY EXPENSES:	\$

1. **Bank Accounts** (as of 12/31/16): **Checking:** \$ _____ **Savings & CD:** \$ _____

2. **Investments** (net value as of 12/31/16 of stocks, bonds, mutual funds, trusts etc.): \$ _____

3. Do you **own your own home** **Yes** **No** If yes, Year Purchased? _____

Purchase Price: \$ _____ Outstanding Mortgage: \$ _____ Current Market Value: \$ _____

4. Do you **own a car(s)**? Year(s): _____ Make(s): _____

Original Cost: \$ _____ Current Value: \$ _____ Loan Balance: \$ _____

Original Cost: \$ _____ Current Value: \$ _____ Loan Balance: \$ _____

5. **Consumer indebtedness:** Please list outstanding (long-term) debt balances (other than automobile) over and above the monthly payments you are about to make

Loans \$ _____ **Equity/Credit line (not included in mortgage)** \$ _____ **Credit card** \$ _____

I certify that all information provided in this request is true, correct, and complete. I authorize the Bureau of Jewish Education to make whatever inquiries are deemed necessary.

Parent 1/Guardian signature: _____ **SS#:** _____ **Date:** _____

Parent 2/Guardian signature: _____ **SS#:** _____ **Date:** _____



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CAMP GAN ISRAEL FIN. AID APPLICATION: Questionnaire Regarding Need

FORM #3

Did you incur expenses for any of the following life-cycle events in the previous year?

- B'nai Mitzvah \$ _____
- Wedding \$ _____
- Eldercare Expense \$ _____
- Funeral \$ _____

Did you experience a decrease in your household income last year? Do you anticipate a decrease this year?

PLEASE CHECK:

- A parent's marital status changed
- Social security ceases for (name) _____ and date _____
- Worker's comp ceases (date) _____ for unemployed parent
- Medical reason for parent child
- Parent/guardian expects to be unemployed in the next six month
- Parent/guardian suffered a job loss in the last six months
- Parent/guardian unemployed now, but starts job on (date) _____
- Parent/guardian is going to retire
- Parent guardian has taken a pay decrease: and/or had their hours reduced
- The family experienced financial losses this year due to a natural disaster
- A parent/guardian has been called up for military service
- A parent/guardian declared bankruptcy
- Death of a spouse
- Family size has increased

Do you anticipate an increase in your income this year?

- Child will graduate from college
- Will no longer take a child as a deduction
- One-time inheritance
- One-time sale of property

Please provide a brief description for any of the checked items and/or let us know about an emergency not listed but pertinent to this application.



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CAMP GAN ISRAEL FIN AID APPLICATION:

Camper Info (ONE CHILD PER FORM)

FORM #4

Camper #1 name:		Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date:	Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an émigré? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where?		Date of arrival:
Camper #2 name:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Birth date:	Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an émigré? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, from where?		Date of arrival:

More campers? Write info on separate page please.

Information on camp cost and funding sources

Sessions attending (circle 1): Session 1 Session 2 Session 3 **Total # of weeks:**

1. TOTAL CAMP COST: Tuition \$ + Bus \$ = \$

2. WHAT COST WILL YOU COVER? The scholarship committee expects families to contribute to camp fees.

- a. Bus transportation. Community funds **do not** cover bus transportation — record here: \$ _____
- b. Record what family can contribute towards tuition \$ _____
- c. Funding from grandparent or relative \$ _____
- d. Funding from synagogue \$ _____
- e. Total Family Contribution** (add Lines 2a through 2d) \$ _____

3. SCHOLARSHIP REQUESTED (subtract Line 2e from Line 1) \$ _____

Did this camper receive financial aid last year? Yes No

If yes: # of weeks? Amount of the award \$ Total Session Cost \$

Recorded by: (print your name) Signature Date

Committee Award: _____ Parent owes _____