



Silver Gan Israel Day Camp

24041 Marguerite Parkway, Mission Viejo CA 92692
(949) 770-1270 fax (949) 458-3744

CAMP SCHOLARSHIP APPLICATION 2010

Please be sure to complete all requested information and sign the form. All forms submitted by April 30th will receive an answer by May 17th. All others will receive an answer by June 4th.

Parents Name: _____

Address: _____

City/Zip: _____

Home#/Cell#/e-mail: _____

Marital Status: Married Separated Divorced Widowed/Widower

Which week(s) would you like your child(ren) to attend camp? 1 2 3 4 5 6

How much of a scholarship do you need? _____

Children's Names	Age	Date of Birth	Grade in September
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SSN _____ Gross Annual Income _____ Occupation _____
Mother's info _____

Father's info _____

Other income: _____

Do you own or rent your home? Own rent Monthly payment : \$ _____

School: _____ Tuition: _____

Do you receive welfare assistance? Yes no

If yes, which category? _____

Do you receive Medicaid? Yes no Medicaid #: _____

Reason for Scholarship Application. Please describe in detail.

Signature of Parent: _____ Date: _____