



Camp Chabad

1435 Vine Street, Cincinnati, Ohio 45202
Tel (513) 731-5111 - Fax (513) 285-0018
E-Mail: info@campchabad.org
www.campchabad.org

Camp Chabad Scholarship Application

Camp Chabad grants Scholarships each year to a number of campers. This application should be completed only when the applicant's financial resources are insufficient to meet the tuition charges of the camp. The granting of scholarships is made on the basis of financial need and available funds. Scholarships don't include extras such as extended care, transportation, etc.

Complete this Form. Return to the Camp Chabad office as soon as possible. Please note there is a limited amount of scholarship money available. Scholarships are granted on a first come first served basis. The due date for the application is April 14, 2023. If you have not received a response from us by May 5th. regarding scholarship funds, please call the camp office.

Please fill in everything requested.

Forms received that are not complete will not be processed.

Parents Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Email: _____

Weeks Attending Camp: 1. __ 2. __ 3. __
(Please Check All That Apply) 4. __ 5. __ 6. __

Full Day Program **1/2 Day Program** **Extended Care:** Yes No

| Child's Name | Age | Grade | School | School District | County of Residence |
|--------------|-----|-------|--------|-----------------|---------------------|
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List any unusual expenses or circumstances that make a scholarship necessary: _____

What amount do you feel is appropriate for your family to pay for tuition per camper- per week? _____

Are there any goods or services that you can provide to Camp Chabad? _____

If you have any question please contact Rabbi Majeski at rabbi@campchabad.org or call (513) 382-6821

For office use only

| # of Children | <u>One</u> | <u>Two</u> | <u>Three</u> | Deposit Date _____ |
|----------------------------|------------|------------|--------------|--------------------|
| A. Original Total | \$ _____ | \$ _____ | \$ _____ | LYAm.W \$ _____ |
| B. New amount per week | \$ _____ | \$ _____ | \$ _____ | LYTC \$ _____ |
| C. New Total to be paid | \$ _____ | \$ _____ | \$ _____ | |
| D. Total Scholarship given | \$ _____ | \$ _____ | \$ _____ | |

Comments _____
