

Camp Chabad 7560 Reinhold Dr. Cincinnati, Ohio 45237 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 serve basis. The deadline for the application is April 15, 2022. If you have not received a letter from us by May 6th. regarding scholarship funds, please call the camp office.

Please fill in <u>everything</u> requested. Forms received that are not <u>complete</u> will not be processed.

Parents Name:				<u>Ctata</u>	7.
Address: Home Phone:					Zıp
Weeks Attending Camp (Please Check All That App):	1 2 4 5	3		
Full Day Program	1⁄2 Day To	ddler1⁄2 Da	ay Kiddie Can	np Extended C	Care: Yes No
Child's Name	<u>Age</u> Gra	de <u>Sch</u>	<u>ool S</u>	chool District	County of Residence
	I I	L	I		
List any unusual expen	ses or circum	stances that ma	ake a scholars	hip necessary:	
What amount do you fe	el is appropr	iate for your fa	mily to pay fo	or tuition per cam	per- per week?
Are there any goods or	services that	you can provid	le to Camp Cl	nabad?	
If you have any question	on please cont	act Rabbi Maj	eski at <u>rabbi@</u>	campchabad.org	or call (513) 731-5111.
For office use only					
# of Children	<u>One</u>	<u>Two</u>	<u>Three</u>		osit Date
A. Original Total	\$	\$	\$	LYA	Am.W \$
B. New amount per week	\$	\$	\$		°C \$
C. New Total to be paid	\$	\$	\$	SFS	P-BackYesNo
D. Total Scholarship given	\$	\$	\$		
Comments					