



# Camp Chabad

1435 Vine Street, Cincinnati, Ohio 45202  
Tel (513) 731-5111 - Fax (513) 285-0018  
E-Mail: [info@campchabad.org](mailto:info@campchabad.org)  
[www.campchabad.org](http://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, 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 March 15, 2026. If you have not received a response from us by April 28, 2026. 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**  **½ Day Program** **Extended Care:** Yes  No

Child's Name	Age	Grade	School	School District	County of Residence

Are you eligible for either SNAP benefits, Medicaid or Child Care Vouchers? Yes  No

If you answered yes, please write your case number and skip to the signature, Case # \_\_\_\_\_

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? \_\_\_\_\_

Parent/Gurdian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

### For office use only

# of Children	One	Two	Three	Deposit Date
A. Original Total	\$ _____	\$ _____	\$ _____	LYAW \$ _____
B. New amount per week	\$ _____	\$ _____	\$ _____	LYTC \$ _____
C. New Total to be paid	\$ _____	\$ _____	\$ _____	
D. Total Scholarship given	\$ _____	\$ _____	\$ _____	