

WINTER ADDRESS:
 547 Saw Mill River Road
 Suite 3D
 Ardsley, NY 10502
 877-543-7333 (Toll Free)
 914-693-8952 (Tel)
 914-674-8952 (Fax)



SUMMER ADDRESS:
 159 Empire Road
 Copake, NY 12516
 518-329-3303 (Tel)
 518-329-4778 (Fax)

CONFIDENTIAL SCHOLARSHIP APPLICATION

CAMPER NAME(S)	GRADE	SCHOOL NAME AND NUMBER
1.		
2.		
3.		
4.		

HOUSEHOLD MEMBERS AND TOTAL HOUSEHOLD INCOME

1. Please list everyone in your household, including yourself.
2. For everyone in your household, please enclose a complete copy of the most recent Federal Income Tax Returns, W-2's, 1040 forms and Social Security benefit statements.
3. If your forms don't reflect an accurate depiction of your economic situation (i.e. extenuating circumstances, medical expenses, Jewish day school expenses, etc...) please give a detailed explanation (with actual costs) on a separate piece of paper.
4. For households receiving public assistance, please enclose a copy of your benefit letter.
5. Families are welcome to submit a cover letter describing their circumstances, but this is not required.

List the names of everyone in your household	Total Annual Income (most recent tax year)
1.	
2.	
3.	
4.	
5.	
6.	
7.	

I CERTIFY THAT ALL OF THE INFORMATION IS TRUE AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE INFORMATION IS BEING GIVEN TO OBTAIN A REDUCED FEE BASED ON FINANCIAL NEED.

NAME OF PARENT OR LEGAL GUARDIAN _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ **DATE** _____

STREET ADDRESS **CITY** **STATE** **ZIP**

HOME PHONE # **EMAIL**

For Office Use: Total in Household _____ Total Monthly Income \$ _____ Eligible () Ineligible ()
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