



Beth Rivkah Day Camp
 310 Crown Street, Brooklyn NY 11225
 Registration Office: 718-735-0400 x 1122
 Email: DayCamp@BethRivkah.Edu

SCHOLARSHIP APPLICATION 5779/2019

DOCUMENTATION THAT YOU HAVE APPLIED TO OTHER SCHOLARSHIP FUNDS MUST BE PROVIDED IN ORDER FOR A BAIS RIVKAH DAY CAMP SCHOLARSHIP TO BE CONSIDERED.

I have applied for a camp scholarship to the following organization: _____

SCHOLARSHIP FORMS WILL BE ACCEPTED AFTER CAMPER REGISTRATION FORMS HAVE BEEN SUBMITTED. SCHOLARSHIPS WILL BE PROCESSED FOR CAMPERS ATTENDING 2 WEEKS OR MORE.

YOU WILL BE NOTIFIED BY EMAIL IF YOUR SCHOLARSHIP REQUEST IS APPROVED AND AMOUNT OF SCHOLARSHIP DISCOUNT.

Last Name: _____ Home Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Marital Status: _____ Married _____ Divorced _____ Separated _____ Widowed

Father's Full Name: _____ Email Address: _____ Cell: _____

Occupation/Employer: _____ Weekly Salary \$ _____

Mother's Full Name: _____ Email Address: _____ Cell: _____

Occupation/Employer: _____ Weekly Salary \$ _____

1. Camper's Name _____ Grade _____ Number of Weeks Attending _____
2. Camper's Name _____ Grade _____ Number of Weeks Attending _____
3. Camper's Name _____ Grade _____ Number of Weeks Attending _____
4. Camper's Name _____ Grade _____ Number of Weeks Attending _____

Number of children in the family (including campers) _____

Ages: _____

Tuition paid per school for school year 2018-2019: **Total: \$** _____ School _____ Tuition \$ _____

School _____ Tuition \$ _____ School _____ Tuition \$ _____

Are you receiving public assistance (Welfare, Food Stamps, Section 8, Medicaid)? Please write all that apply:

I feel I should be granted a camp scholarship for the following reasons:

Parent's Signature: _____ Date: _____

FOR OFFICE USE ONLY ***** FOR OFFICE USE ONLY

BR Day Camp fee paid in 2018: \$ _____

Scholarship approved by _____ Date _____. Revised day camp fee: \$ _____ per _____

Comments: _____

Scholarship denied by _____ Date _____