

**CONFIDENTIAL APPLICATION FOR CAMP SHALOM FEE ADJUSTMENT**

**You must be registered for camp before applying for a scholarship. Scholarship forms are due by March 15th.**

**Please type all information and return to** **dina@jewishmadison.org** **or mail to the address above**

CHILD’S NAME       AGE

ADDRESS       CITY       ZIP

TELEPHONE      \_ EMAIL      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF PARENTS ARE DIVORCED, WHO IS CUSTODIAL PARENT?        [ ] CHECK IF JOINT CUSTODY

**PARENT 1**

**PARENT 1**

NAME

ADDRESS

 [IF DIFFERENT FROM ABOVE]

TELEPHONE

EMPLOYER

NUMBER OF YEARS EMPLOYED AT THIS PLACE

WORK TELEPHONE NUMBER

ANNUAL EMPLOYMENT INCOME $

[ ]  CHECK HERE IF UNEMPLOYED

OTHER SOURCE(S) OF INCOME:

SOURCE      $

ONGOING OBLIGATIONS:

RENT/MORTGAGE AMOUNT $

OTHER (SPECIFY)      $

PLEASE DESCRIBE UNUSUAL EXPENSES AND

AMOUNTS:

**PARENT 2**

NAME

ADDRESS

 [IF DIFFERENT FROM ABOVE]

TELEPHONE

EMPLOYER

NUMBER OF YEARS EMPLOYED AT THIS PLACE

WORK TELEPHONE NUMBER

ANNUAL EMPLOYMENT INCOME $

[ ]  CHECK HERE IF UNEMPLOYED

OTHER SOURCE(S) OF INCOME:

SOURCE      $

ONGOING OBLIGATIONS:

RENT/MORTGAGE AMOUNT $

OTHER (SPECIFY)      $

PLEASE DESCRIBE UNUSUAL EXPENSES AND

AMOUNTS:

**FEE ADJUSTMENT REQUEST FOR:**

**CAMP SHALOM [GRADES KINDERGARTEN THROUGH 5]- fees include the $55 registration fee**

 [ ]  SESSION 1 ($795.00) $      (Please list specific amount of scholarship requested)

 [ ]  SESSION 2 ($795.00) $      (Please list specific amount of scholarship requested)

 [ ]  SESSION 3 ($575.00) $      (Please list specific amount of scholarship requested)

**CAMP SHALOM NOAR-BOGRIM [GRADES 6, 7, 8]- fees include $55 registration fee**

 [ ]  SESSION 1 ($905) $      (Please list specific amount of scholarship requested)

 [ ]  SESSION 2 ($905) $      (Please list specific amount of scholarship requested)

**CAMP SHALOM NOAR-BOGRIM [GRADE 9]- fees include $55 registration fee**

 [ ]  SESSION 1 ($1020) $      (Please list specific amount of scholarship requested)

 [ ]  SESSION 2 ($1020) $      (Please list specific amount of scholarship requested)

IF YOU COULD PAY IN INSTALLMENTS WOULD THIS REDUCE OR ALLEVIATE THE NEED FOR FINANCIAL ASSISTANCE?

[ ]  YES [ ]  No

IS THIS CHILD OR OTHER CHILDREN IN THE FAMILY RECEIVING OTHER FEE ADJUSTMENTS? [E.G., PUBLIC ASSISTANCE, DAY CARE, SCHOLARSHIPS]

PUBLIC ASSISTANCE AMOUNT(S) $

SCHOLARSHIP SOURCE(S)       AMOUNT(S)

OTHER SOURCE(S)       AMOUNT(S)

COMMENTS AND OTHER INFORMATION WHICH YOU WANT CONSIDERED:

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I CERTIFY THE ACCURACY OF THE INFORMATION PROVIDED ON THIS APPLICATION FOR FEE ADJUSTMENT AND UNDERSTAND THAT THE FEE ADJUSTMENT WILL BE REVOKED IN THE EVENT OF MISREPRESENTATION.

SIGNED       DATE

MARCH 2017