



Camper Scholarship Form ~ Camp Chomeish Summer 5765 - 2005

All scholarship applicants must fill out the Camper Registration Form & the Income Eligibility Form & complete the information below
PLEASE WRITE CLEARLY

Camper Information

Family Name _____

Number of children enrolled in Camp ChoMeiSH for 1 session. _____

Number of children enrolled in Camp ChoMeiSH for full summer . (2 sessions) _____

Camping Fees

Camping fees:	Price per session: \$1,800.00	Entire summer: \$3,400.00
Extras Per Child:	Transportation \$60.00	Round Trip From Brooklyn, NY or Airport (Luggage Included) \$50 Per summer
	Laundry Service \$25 per session	Major Trip \$25 per session
		\$50 Per summer

Please note extra fees are IN ADDITION to ALL camping fees.

Scholarship Information

Scholarship availability is on first come basis; all scholarship applicants must complete all forms and submit forms and deposit to camp office. No application will be considered unless accompanied with ALL forms and deposit.

Early Bird Discount*: To qualify for the 10% EB discount, application and deposit Must be received by the Camp office or postmarked by February 20, 2005.

Multi Child Discounts*: Two children 10%, three - 15%, four - 20%
* off full price only. (Does not apply to (Shluchim / Melamed and some) scholarships)

The maximum that I can afford to pay for the child/ren listed above is:

Price per session \$ _____ Total (Number of sessions X price per session) \$ _____

This does not include extras. Transportation \$60 laundry, major trip - \$50 (\$100) per child.

I ask for the above consideration because;

We are Shluchim of The Rebbe MH"M, I am a Melamed in

I receive food stamps I receive TADC (Welfare) Case #: _____

NYC Income Support / Job Center # _____ Location _____

and/or the following reason/s; _____

Payment Information

I hereby enclose a deposit of \$ _____ for the above children. (must be at least 15% of total)

I understand that this is subject to the approval of the scholarship committee. Should the committee suggest another price and we agree with that price (over the phone and/or in writing) our verbal agreement hereby obligates us to pay that price per child as determined.

Sign here ► Signature of Parent/Guardian _____ Social Security Number - -

Date M D Y

For Scholarship Committee Only

Shliach / Melamed Early Bird Discount Multi Child Discounts

Price accepted Price suggestion by scholarship committee \$ _____

Agreed to pay: _____

Phone _____ Fax _____ E-mail _____