



<p>For Office use only</p> <p>Approved amount:</p> <p>_____</p>
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Simcha Day Camp Scholarship Application

Family Name: _____

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

Phone: _____ E-Mail: _____ Marital Status: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Child/ren Applying to Camp: 1. _____ 2. _____ 3. _____

Half or Full: _____

Child's School: _____

Current Grade: _____

List Siblings:

Name	Age	School	Camp

Has your child ever attended Simcha Day Camp before? _____ If so, when? _____

What is your total annual household income: _____

Are you receiving EBT? _____

Our camp fee is **\$2,345** for the full summer and **\$1,345** a half.

How much of a discount are you requesting? _____

Please list two references (not relatives), that we can call to verify your situation:

Name: _____ Relationship (i.e. Rabbi...) _____ Phone: _____

Name: _____ Relationship (i.e. Rabbi...) _____ Phone: _____

Please note that we are limited in the amount of scholarships we are able to give.

257 Beach 17th Street – Far Rockaway, NY 11691 – 718-868-2300 ext. 233 – fax 718-406-8361
simchadaycamp@darchei.org