



**2017 CAMP DALEVILLE
FINANCIAL ASSISTANCE/SCHOLARSHIP APPLICATION**

Participant Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Current Grade _____

Mother's Name _____ Mother's Home Phone # _____

Mother's Occupation _____ Mother's Work Phone # _____

Mother's Employer _____

Mother's E-Mail _____ Cell Phone # _____

Is the applicant's mother unemployed? Yes No If yes, how long? _____

Father's Name _____ Father's Home Phone # _____

Father's Occupation _____ Father's Work Phone # _____

Father's Employer _____

Father's E-mail _____ Cell Phone # _____

Is the applicant's father unemployed? Yes No If yes, for how long? _____

Parents' Marital Status: Married Separated Divorced Widowed

Child lives with: Both parents Mother Father Other- Explain: _____

Name and ages of siblings:

Does sibling live at home?

_____	_____	_____ Yes	_____ No
_____	_____	_____ Yes	_____ No
_____	_____	_____ Yes	_____ No

Other dependents living in the home: _____

With which synagogue, if any, are you affiliated? _____

Applicant attends public or private school? _____ Public _____ Private

Total family private school tuition \$ _____ scholarship \$ _____
(per year) (per year)

Name of private school: _____

Is the applicant currently working? ___ Yes ___ No. If yes the average weekly salary is \$ _____

Family's Financial Status

The following must be filled out **completely** in order to be considered for financial assistance, and a copy of your 2016 tax return.

	Documented	Documented
	Income for	income for
	2016(annual)	2015 (annual)

ANNUAL INCOME

(taxable income before deductions)

Salaries/Wages-Parent/Guardian 1	_____	_____
Salaries/Wages-Parent/Guardian 2	_____	_____
Dividends/Interest	_____	_____
Alimony	_____	_____
Net profit/loss from business	_____	_____
Other taxable income	_____	_____
Payments to IRA and/or KEOGH plans	_____	_____

Total Annual Income
