



THE CAMP L'MAN ACHAI SCHOLARSHIP FUND

Be sure to complete all requested information and sign on bottom of application.

Child's Last name _____ First name _____ Hebrew name: _____

Address: _____ Apt.: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Age: _____ Date of Birth: ____ / ____ / ____

Child's birthplace (City, Country) _____ Year immigrated to America _____

School: _____ Grade: _____ Monthly Tuition:\$ _____ Tuition Scholarships \$: _____

Father's name: _____ Mother's name: _____ Maiden name: _____

How many children in family (excluding parents)? _____

Other Children in Family:

Name / Age: _____ Name / Age: _____

Name / Age: _____ Name / Age: _____

Marital Status: (head of family) Married Separated Divorced Widowed Remarried

Do you own your home? _____ Monthly Mortgage \$ _____ Monthly Rent \$ _____

Do you own a car? Yes No Year / Make / Model _____

Do you receive Medicaid? _____ Do you receive Food stamps? _____ Food Stamp # _____

Father's Occupation: _____ Monthly income: _____ S.S.# _____

Mother's Occupation: _____ Monthly income: _____ S.S.# _____

Has your child been to camp before? _____ Which Camp? _____

Applying for: Session A Session B Session C: What is the most you can afford to pay for each session? _____

Reason requesting scholarship – (If more room is needed please use the back of this sheet)

ADMINISTRATIVE OFFICES

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 Brooklyn, NY 11219
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 Toll Free: (800) 881-CAMP
 info@campmanachai.com

CAMPGROUNDS

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Signature: _____ Date: _____

A Heritage of Happy Campers.