

# The Paul & Haya Reisbord and Family Scholarship Fund

*For the educational programs of Chabad/Gan Israel*

Founded in 1988, the Reisbord Family Scholarship Fund is a charitable foundation which extends scholarship grants in the form of tuition payments towards needy children seeking enrollment in Chabad / Gan Israel's educational programs. Applicants need not have had any previous educational background or affiliation with Chabad or any other Jewish organization. All Jewish families are welcome to apply.

It is noteworthy to point out that the fund's resources are limited and Chabad / Gan Israel receives a tremendous amount of scholarship requests on an annual basis. Therefore, greater priority will obviously be placed upon those applications where the need is deemed greatest. While all extenuating circumstances will be taken into consideration, the scholarship fund is not designed to help alleviate the pressures of a tight budget, but rather to help make the program affordable for those who have *absolutely* no access to the total tuition fees. It is strongly recommended that you include all pertinent facts and information in your application so that your situation can be evaluated upon the basis of all relevant factors. Please feel free to include any letters or notes of recommendation from references such as rabbis, teachers, physicians, etc.

- **All parts of this application must be completed. Incomplete applications will not be considered for scholarship assistance.**
- **All scholarship applications must be submitted along with**
  - **A completed regular camp application**
  - **2008 and 2009 tax returns or proof of welfare assistance**
  - **3 months bank statements**
  - **A copy of your mortgage statement or rental agreement**
  - **A deposit of \$200 per child. (Your check will not be deposited until all terms are agreed upon. If the committee's response is not to your satisfaction your deposit will be returned to you.)**

# SCHOLARSHIP APPLICATION

## I. BASIC INFORMATION

Name of children applying for

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's (Parent's) Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Current Gross Monthly Earnings \$ \_\_\_\_\_ Last Year's Gross Annual Earnings \$ \_\_\_\_\_

*Please be sure figures above reflect total earnings including second jobs, part time jobs, alimony, child support etc.*

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Name of Spouse \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Current Gross Monthly Earnings \$ \_\_\_\_\_ Last Year's Gross Annual Earnings \$ \_\_\_\_\_

*Please be sure figures above reflect total earnings including second jobs, part time jobs, alimony, child support etc.*

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*If the natural mother or father of the children for whom a scholarship is being requested is other than listed above please complete the section below.*

(Parent's) Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Current Gross Monthly Earnings \$ \_\_\_\_\_ Last Year's Gross Annual Earnings \$ \_\_\_\_\_

*Please be sure figures above reflect total earnings including second jobs, part time jobs, alimony, child support etc*

## II. PLACE OF RESIDENCE

Do you:

OWN Home / Condominium

Lien Holder \_\_\_\_\_ Monthly Mortgage Payments \$ \_\_\_\_\_

RENT Home / Apartment

Landlord's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Monthly Rental Payments \$ \_\_\_\_\_

Have you remodeled your home or built additional square footage to your home in excess of \$5000 value during the past two years? If yes, please explain

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## III. BANKING INFORMATION

### A) Checking Account

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Bank \_\_\_\_\_ Account # \_\_\_\_\_

### B) Savings Account

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Do you have any additional investments or bank accounts (e.g. stocks, bonds) If yes please provide information as above

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## IV. BUSINESS INFORMATION

Do you own any part of the business in which you work?  Yes  No

Do you own any part of any other business (regardless of whether or not you work there?)  Yes  No

If yes to either of the above, please explain

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## V. GENERAL INFORMATION

How many cars does your family have use of? \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_  OWN  LEASE  OTHER

Year \_\_\_\_\_ Make/Model \_\_\_\_\_  OWN  LEASE  OTHER

Year \_\_\_\_\_ Make/Model \_\_\_\_\_  OWN  LEASE  OTHER

How many children in your family? \_\_\_\_\_ Tuition paid at *each school per child per year*

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Tuition \$ \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Tuition \$ \_\_\_\_\_

## VI. SCHOLARSHIP EVALUATION

Before completing this section, please calculate what your regular tuition fees are (see camp brochure). If you were not requesting a scholarship, you would have to pay \$ \_\_\_\_\_ for your child(ren) to attend Camp Gan Israel.

In your request to the scholarship fund, you feel you can afford to pay \$ \_\_\_\_\_ for \_\_\_\_\_ children to attend.

Session I    
  Session II    
  Both Sessions

Please state clearly the reasons why you feel a scholarship should be granted in your situation. (Please print)

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Please check the areas where you will be able to contribute to benefit Camp Gan Israel.

**Professional Services:** handiwork   construction   moving/storage   plumbing   electrician   auto mechanic  
printing   catering   landscaping   other \_\_\_\_\_

**Goods & Merchandise:** toys   office supplies   cleaning supplies   electronics   sports equipment  
other \_\_\_\_\_

**Volunteer Work:** office work   kitchen   daycare   cleaning   other \_\_\_\_\_

List two non related references who would be familiar with your situation

Name	Address	Phone

I hereby certify that all of the above information is correct and hereby authorize Chabad/Gan Israel to verify the accuracy of my application by contacting my employer and/or children's school, running a TRW credit report or researching any other information provided on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> <b>Scholarship Approved</b> Amount and/or terms of scholarship _____ _____ _____ _____	<input type="checkbox"/> <b>Not Approved</b> Explanation _____ _____ _____ _____
Date of Evaluation _____ Report of verification <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Bank <input type="checkbox"/> Other _____	Committee Member _____ <input type="checkbox"/> Reference
Date of Funding by foundation _____	Amount \$ _____
Approved by _____	