

CAMP HAVERIM SCHOLARSHIP APPLICATION
P.O. Box 994 Santa Barbara, CA 93116
camphaverim@gmail.com

Please send your completed application to the post office box or e-mail address shown above. (If you are a CBB member, you also may return your application to CBB c/o Deborah Naish, Executive Director.) Scholarship applications will be kept strictly confidential. Each Scholarship Application will be reviewed by a small Scholarship Committee. Itzik will be an advisor to, but not a member of, the Scholarship Committee. Since our Camp fills up quickly and we have limited funds available for scholarships, your scholarship application should be mailed promptly. You will be notified of the amount of your scholarship promptly after it has been determined by the Scholarship Committee.

Name of child who wishes to attend Camp:

(1) _____ age: _____ grade in fall: _____
(2) _____ age: _____ grade in fall: _____
(3) _____ age: _____ grade in fall: _____
(4) _____ age: _____ grade in fall: _____

Parent(s)/Guardian(s) Name(s): _____

Address: _____

Parent/Guardian E-mail: _____ Home Phone: _____

Cell Phone: _____

Are you applying for: Session I (7/20 – 7/31/09); Session II (8/3 – 8/14/09); Both Sessions

Total cost of the Sessions for which you are applying: \$ _____

What is the maximum amount your family is able to pay? \$ _____

Have you asked extended family or friends to help pay for Camp? _____

Please tell us from what other sources you may receive financial assistance and the amount available to you from each: _____

How will your plans change if a scholarship is not awarded or not awarded in the amount requested? _____

Please complete the information requested on the reverse of this page.

Thank you for your interest in Camp Haverim. Please understand that the total dollar amount of scholarships requested far exceeds the amount of funds we have available for scholarships and, while we do not want to turn away any camper due to an inability to pay, we may not be able to award the full amount of the scholarship you request.

For Office Use:	
Application Received by: _____	Date: _____
Review Date: _____	Award Amount Total: \$ _____
Applicant notification date: _____	By whom: _____

