



CAMP NAGEELA WEST FINANCIAL ASSISTANCE APPLICATION

PRIMARY APPLICANT CONTACT INFORMATION

Name:		
Relationship to camper:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
Best time to be reached:		

PARENT/GUARDIAN 1 EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

ADDITIONAL INFORMATION

Please list any additional household income (including alimony, pension, etc.):

Total projected household income for this year (before taxes):

Please list expenses that you wish the scholarship committee to take into consideration while reviewing your application:

Please list any special circumstances that you would like us to know in determining scholarship need.

PARENT/ GUARDIAN 2 CONTACT INFORMATION

Name:		Relationship to Camper:
Date of birth:	Email:	Phone:

PARENT/GUARDIAN 2 EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	Annual income:

SIGNATURES

I affirm that all of the information provided on this application is complete and correct.

Signature of applicant:	Date:
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PLEASE NOTE THAT THIS SHEET MUST BE FILLED FOR EACH CAMPER REQUIRING FINANCIAL ASSISTANCE.

Camper's name _____ Age _____ D.O.B. _____
Current grade _____

Please check where applicable:

- public school student
- private school student
- first time camper
- returning camper – if applicable please provide number of years at CNW _____ dates attended _____
- previously attended another overnight camp – if applicable please provide name of camp _____ how long was the session attended _____

FUNDING SOURCES

Please fill out this worksheet. Please note that the total of all funding sources must equal camp tuition

1. **DEPOSIT** (submitted with the camp application) _____
2. **ONE HAPPY CAMPER.** As an incentive program through the foundation for Jewish camp, most first time campers can receive a \$1000 grant toward camp tuition. Eligibility requirements are that the child is enrolled in public school (or a non-Jewish private school) and has not attended an overnight Jewish camp for 19 days. And online application must be completed at www.onehappycamper.org to secure the funds. If you have applied and will be receiving the grant please insert the amount awarded. _____
3. **PARTNERS IN TORAH:** CNW parents who join and complete a 14 session curriculum will earn \$250 towards camp tuition, up to \$500 if both parents join. Please visit www.partnersintorah.org/campnageela for more information and to register. If you have registered please insert the amount of money you will receive upon completion of the course. Please note: this grant is per family, not per camper. _____
4. **LOCAL JEWISH FEDERATION:** many federations have funds allocated to help local residents attend Jewish camp. Please check with your local federation for availability. Please insert here the amount you will be receiving: _____
5. **SYNAGOGUE/TEMPLE:** many synagogues and temples have funds allocated for Jewish camps. Please check with your rabbi or synagogue administrator to find out if they provide any assistance. Please insert here the amount _____
6. **REGISTRATION WEEK DISCOUNT:** please insert the discount received for registering early here: _____
7. **REFER A FRIEND DISCOUNT:** campers receive a \$100 credit for each new friend referred to and attends CNW (\$200 if referred to during registration week). Please list the names of your referrals here: _____
Please insert your discount here: _____
8. **EXPECTED PARENT TUITION PAYMENTS:** _____
9. **AMOUNT REQUESTED FROM THE SCHOLARSHIP FUND:** _____

THE TOTAL OF ALL ABOVE SOURCES MUST EQUAL CAMP TUITION: \$3,250



CAMP NAGEELA WEST SUMMER 2017 SCHOLARSHIP FUND

Please review the following guidelines before completing the scholarship application.

1. All information submitted will be kept strictly confidential.
2. Please submit only one application per family.
3. In order to apply for a scholarship, the camper must be registered for Camp Nageela West with a paid deposit.
4. In the event that the amount allocated from the scholarship fund is insufficient for your family, please notify the office in writing within 2 weeks of hearing from the scholarship committee to cancel your camp application and receive a full refund (including the deposit).
5. All scholarship applications must be accompanied by the first 2 pages of your 1040 tax return.
6. Families must make every effort to apply to any and all resources in their community.
7. CNW reserves the right to ask for additional information other than requested on this form.
8. If called upon, families will make good faith effort to assist in raising funds for the scholarship fund.
9. Applications will be processed on a first come first served basis. Please expect a processing time of 2 weeks.
10. We encourage all families to keep a duplicate copy of all forms submitted, as items can be lost in the mail.
11. Please direct any questions regarding the scholarship process to our business office at (424) 394-0613.
12. Please email all completed forms to office@nageelawest.org. Alternatively you may mail it to our business office at 155 N Detroit Street, Los Angeles, CA 90036.
- 13. ALL SCHOLARSHIP APPLICATIONS FOR RETURNING CAMPERS MUST BE SUBMITTED BY FEBRUARY 1, 2017 TO BE CONSIDERED.**