

Camp Nageela

110 Rockaway Turnpike
Lawrence, NY 11559
(516) 374-1528

Yetta Broitman Memorial Scholarship - 2011

Date _____

Last Name _____

Street _____

City _____ State _____ Zip _____

Phone(____) _____

Name of Child for whom the scholarship is requested _____

Names and ages for all household members:

Name: _____ Age: _____

For each wage earner, please list Occupation and Name, Address and Phone of Employer (if self employed, indicate usual means of producing work.)
(Please print on separate paper)

Please list projection of total yearly wages for each wage earner this year (before taxes)
(Please print on separate paper)

Please list any additional household income (such as alimony, pension etc.)
(Please print on separate paper)

Total projected household income this year (before taxes) _____
Please list any unusually large expenses you would like us to take into consideration.
(Please print on separate paper)

Please indicate why you feel you are in need of a camp scholarship.
(Please print on separate paper)

Please attach a copy of your most recent *Federal Income Tax return*.

I hereby certify that the information above is correct and accurate, to the best of my knowledge.

Parent or Guardians signature _____

For this application to be considered, it must be accompanied with a Camp Nageela Registration form and \$300 deposit. In the event that you are not satisfied with your scholarship offer, you will have 30 days to cancel your registration. The amount you paid will be refunded.