

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.

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.

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

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

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

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 \$ _____

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