



Begins June 25

Camp Gan Israel

of Houston, Texas

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3"H

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2010 CAMP TUITION ASSISTANCE APPLICATION

All questions must be answered – **incomplete forms will not be considered.** All information will be treated confidentially.

TAX FORM REQUIRED – All applicants must attach a copy of your signed 2006 IRS 1040, 1040A, or 1040EZ tax forms, thank you for your cooperation.

Date _____

Name of student _____ Birthdate _____

Address _____ Zip _____

Home Phone _____ Mom Cell _____

Mom Email _____ Dad Email _____

Grade 2008/2009 _____ School which student attended in 2009/2010 _____

Tuition subsidies awarded to student applicant in 2009/2010 if any \$ _____

If more than one student from your family is applying for tuition Subsidy, complete information below:

Number of children from your family _____

CHILD'S NAME	BIRTHDATE	GRADE	PREVIOUS SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY AND FINANCIAL INFORMATION

Father's Name _____ Mother's Name _____

Synagogue Affiliation _____ Annual Dues \$ _____

Father's Occupation _____ Mother's Occupation _____

Father's Employer _____ Mother's Employer _____

Years Employed _____ Years Employed _____

Current Gross Monthly Salary: Father \$ _____ Mother \$ _____

Total adjusted gross income for family in 2009 \$ _____

Please list sources and amounts of other income and/or funds (grandparents, trust funds, etc).

Please list all assets currently owned other than primary residence and one automobile (i.e., boat, second home, other automobile and property, etc.)

GENERAL INFORMATION

Other children or dependents in family:

Name	Age	School	Tuition or Fees paid if private school	If financial assistance has been awarded-list amount
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Please list any unusual circumstances or extraordinary expenses that the Tuition Assistance Committee should know about:

List names of children who will attend a Jewish day school in 2009/2010

NAME	DAY SCHOOL	TUITION CHARGE
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Total tuition obligation \$ _____

Enter amount you could pay toward tuition \$ _____

Tuition subsidy request \$ _____

If you have applied for tuition assistance at another school, list the school name:

Signature _____

OFFICE USE ONLY

Date application received _____ Date fully filled out _____

Date Tax form received _____ Amount of subsidy \$ _____

Consultation with other school(s): if any.

DATE: **WITH WHOM:** **REMARKS:** If rejected for subsidy, state reason:
