

SOLOWAY JEWISH COMMUNITY CENTRE APPLICATION FOR CAMP SCHOLARSHIP 2019
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CAMPER NAME:	CAMP:	DATES:
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PARENT'S NAME #1	Date of Birth:
ADDRESS	Postal Code
EMAIL ADDRESS	
OCCUPATION	
EMPLOYER	
ANNUAL INCOME	

PARENT'S NAME #2	Date of Birth:
OCCUPATION	
EMPLOYER	
ANNUAL INCOME	

NUMBER OF PEOPLE LIVING IN HOUSEHOLD	
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ALL CHILDREN IN FAMILY	DATE OF BIRTH (YEAR/MONTH/DAY)

(Please turn over)

