

SOLOWAY JEWISH COMMUNITY CENTRE APPLICATION FOR CAMP SCHOLARSHIP 2020
--

CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:
CAMPER NAME:	CAMP:	DATES:

PARENT'S NAME #1	Date of Birth:
ADDRESS	Postal Code
EMAIL ADDRESS	
OCCUPATION	
EMPLOYER	
ANNUAL INCOME	

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

NUMBER OF PEOPLE LIVING IN HOUSEHOLD	
--------------------------------------	--

ALL CHILDREN IN FAMILY	DATE OF BIRTH (YEAR/MONTH/DAY)

(Please turn over)

IF YOU OWN PROPERTY	COST	\$	MORTGAGE: \$
---------------------	------	----	--------------

