



# CAMP MOSHAVA I.O.

A NON PROFIT CAMP AFFILIATED WITH BNEI AKIVA OF THE US & CANADA

ALAN SILVERMAN  
CAMP DIRECTOR

DR. ZEV JACOBSON  
CHAIRMAN CAMP COMMITTEE

## CAMP MOSHAVA FINANCIAL AID APPLICATION

Please be advised of the following procedures to apply for a tuition scholarship:

- 1) No scholarship applications will be considered without a camper application and deposit for each child. If awarded a scholarship which does not meet your needs, the deposit minus a \$25.00 processing fee will be returned upon withdrawal of your application in writing. Deposits are \$500.00 for a single session per child and \$500.00 for the full season per child.
- 2) Scholarship applications are reviewed by our Scholarship Committee during monthly meetings from November - May. You will be notified immediately after the application is reviewed, in writing, of the Committee's decision.
- 3) Because Camp Moshava has a very limited Scholarship Fund, please be advised that scholarships, out of necessity, are usually quite limited.
- 4) We recommend that you fill out this application completely AND attach a note explaining clearly why you feel it is essential that Camp Moshava grant a scholarship. We also recommend that the amount of your tuition subsidy request be accurate, NOT an inflated sum, in the hope that then you will receive what you actually need.
- 5) *Please make a copy of your scholarship application and supporting materials.*

Thank you.

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**NY OFFICE ADDRESS**  
520 EIGHTH AVE, FLR 15  
NEW YORK, NY, 10018

**CAMP ADDRESS**  
245 NAVAJO RD  
HONESDALE, PA, 18431

**www.moshava.org**  
Office@moshava.org  
Tel: 570.253.4271  
Fax: 570-260-2620

# CAMP MOSHAVA APPLICATION FOR SCHOLARSHIP

NAME OF CAMPER  
OR CAMPERS:

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ADDRESS:

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TELEPHONE #:

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BNEI AKIVA MEMBER: Yes \_\_\_ NO \_\_\_

SESSION:

FULL \_\_\_ FIRST SESSION \_\_\_ SECOND SESSION \_\_\_

ATTENDED MOSHAVA IN 2019?

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RECEIVED A SCHOLARSHIP IN 2019? \_\_\_ IF YES, WHAT AMOUNT? \_\_\_

RECEIVED A SCHOLARSHIP IN 2018? \_\_\_ IF YES, WHAT AMOUNT? \_\_\_

*THE INFORMATION IN THIS APPLICATION WILL BE PROCESSED IN THE STRICTEST  
CONFIDENCE. ALL QUESTIONS MUST BE ANSWERED AND ALL DOCUMENTATION SUBMITTED  
WITH THE APPLICATION OR THE APPLICATION WILL NOT BE CONSIDERED.*

The Undersigned hereby applies for a tuition subsidy of: \$ \_\_\_\_\_

## EMPLOYMENT INFORMATION

	FATHER	MOTHER
NAME		
PROFESSION/ BUSINESS		
FIRM NAME		
ADDRESS		
TELEPHONE		
YEARS WITH FIRM		
POSITION HELD		
DO YOU OWN THE BUSINESS?		

**INCOME AND EXPENSE INFORMATION**

<b>INCOME/ EXPENSE</b>	<b>2018</b>	<b>2019</b>	<b>2020 ESTIMATED</b>
Total # of Exemptions (IRS 1040)			
Wages, Salaries, Tips – FATHER			
Wages, Salaries, Tips - MOTHER			
Interest, Investment Income			
Net Income from Business			
Income (IRS Form 1040)			
US Income Tax Paid			
Payments to IRAs, KEOGH, Retirement Plans			
Medical/ Dental Expenses NOT PAID by insurance			

**FAMILY INFORMATION**

Are parents married? \_\_\_\_\_

If both parents are not living together, please explain:

\_\_\_\_\_

\_\_\_\_\_

<b>NAMES OF CHILDREN</b>	<b>AGE</b>	<b>SCHOOL</b>	<b>ACTUAL TUITION PAID</b>

Do you or your wife own a car? \_\_\_\_\_

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_

Did you take a family vacation during the past two years? \_\_\_\_\_

If yes, for how long: \_\_\_\_\_ Please describe below:

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**PARENT'S ASSETS**

<b>REAL ESTATE</b>	<b>YOUR OWN HOME</b>	<b>OTHER PROPERTY</b>
Present Market Value		
Unpaid Mortgage		
Amount of Homeowner's Insurance		
Monthly Mortgage Payment		

**Do you rent your apartment?** \_\_\_\_\_ **Monthly Rent:** \_\_\_\_\_

**How long in this apartment?** \_\_\_\_\_ **How many rooms?** \_\_\_\_\_

**Please attach a copy of your 1040 Tax Form (2018 or 2019, if completed) and any other pertinent documentary evidence that will assist the Committee in its decision making process. Without this information and material, we will be unable to process your application.**

THE INFORMATION IN THIS APPLICATION IS GIVEN FOR THE PURPOSE OF APPLYING TO CAMP MOSHAVA FOR A TUITION SUBSIDY AND THE UNDERSIGNED CERTIFIES THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Name (Parent or Guardian)