



Camp Ahuvim

A Camp For Boys with Autism

1160 East 8th Street
Brooklyn, N.Y. 11230

1-888-6-AHUVIM

www.campahuvim.org



SCHOLARSHIP FORM SUMMER 2011

DATE: _____

APPLICANT INFORMATION		
Campers' First Name:		Family Name:
Home Address:		
City:	State:	Zip:
Parent(s) Name:		
Parent Email:		
Parent Home phone:		Parent Cell phone:
If camper does not reside with both parents, please indicate with whom the camper resides:		

What are the reasons for requesting scholarship funds? Please note any extenuating financial circumstances (medical, job loss, unusual expenses, etc) or significant family expenses, including college or school tuitions. _____

FINANCIAL INFORMATION		
	Tuition charges from school 2010-2011	Scholarship received 2010-2011
Camper	\$	\$
Sibling #1	\$	\$
Sibling #2	\$	\$
Sibling #3	\$	\$
Sibling #4	\$	\$
Sibling #5	\$	\$
Sibling #6	\$	\$

ADDITIONAL REQUIRED INFORMATION	
Parents IRS Form 1040 Submitted	
DISCLAIMER AND SIGNATURE	
By signing below, we are stating that the information outlined above is accurate, and that the amount of scholarship funds we are requesting is necessary in order for the camper to be able to attend this program. We realize that funds for financial assistance are very limited and that receiving the full amount of funds requested is not guaranteed.	
Parents Signature:	Date: