



## 2012 Camp Na'aleh Scholarship Application

### Instructions

Scholarships from camp Na'aleh are available strictly on a needs based system. Those wishing to apply for scholarship should complete these forms and submit the documents in order to initiate the process. Scholarships are available on a sliding scale based on total household income.

- 1) All sections must be answered clearly and fully. Incomplete forms will delay the approval process.
- 2) All applications must be accompanied with a full 2011 tax return. In the absence of a 2011 return, we will accept a 2010 return up to April 15<sup>th</sup> 2011, after which only 2011 returns will be accepted.
- 3) You must also complete and sign form 4506-T from the IRS which permits Habonim Dror Camp Na'aleh to request and receive an official transcript of your original tax return.
- 4) You may attach additional pages as needed and we encourage you to write as much as possible given that there are issues beyond household income that might affect the size of your scholarship (Jewish Lifecycle events, medical issues, employment issues).
- 5) Camp Na'aleh reserves the right to request additional information.

Completed applications may be mailed to: Camp Na'aleh, 114 West 26<sup>th</sup> St. Floor 10 New York, NY 10001



For Office Use Only:
Name _____
Date Submitted _____
Amount Requested _____
Amount Awarded _____

## 2012 Scholarship Form

### CAMPER INFORMATION – SECTION I

Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address		
City	State	Zip
Home Phone	Birthday	Grade No. Currently
Camper resides with: <input type="checkbox"/> both parents <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> other guardian (please explain below)		

### PARENT INFORMATION – SECTION II

Parent One Name		
Address (if different from camper address)		
City	State	Zip
Home Phone	Cell Phone	
Work Phone	Fax	
E-mail (please print clearly)		
Parent Two Name		
Address (if different from camper address)		
City	State	Zip
Home Phone	Cell Phone	
Work Phone	Fax	
E-mail (please print clearly)		

**ELIGIBILITY - SECTION III**

<input type="checkbox"/> New Camper	<input type="checkbox"/> Returning Camper  Number of Years at Na'aleh _____
<input type="checkbox"/> I have applied for the One Happy Camper program for 1 <sup>st</sup> year campers through the FJC my local federation	
<input type="checkbox"/> I am eligible for the CIP	<input type="checkbox"/> I am ineligible for the CIP
Please list all other sources of financial aid for which you have applied and include: name of scholarship, amount requested, accepted or pending and amount received.	

**COST - SECTION IV**

Please check session your child is attending:

Session	Dates	
Full Summer	June 28 - Aug. 17	
Session 1	June 28- July 22	
Session 2	July 24 - Aug. 17	
Mini Session	June 28 - July 12	
Madatz	June 24 - Aug. 17	

**HOUSEHOLD INCOME/EXPENSES- SECTION V**

	Net Income	Total Monthly Expenses
Parent 1		
Parent 2		
Totals		

**\*all applications must be accompanied by a full tax return.**

Total Number of Dependents \_\_\_\_\_

Total Number of Children Applying to Na'aleh this summer \_\_\_\_\_

**Did you incur expenses for any of the following life-cycle events in the previous year?**

- B'nai Mitzvah \$ \_\_\_\_\_  
  Elder-care Expense \$ \_\_\_\_\_  
 Wedding \$ \_\_\_\_\_  
  Funeral \$ \_\_\_\_\_  
  Other (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

**Did you experience a decrease in your household income last year? Do you anticipate a decrease this year?**

**PLEASE CHECK:**

- A parent's marital status changed
- Social security ceases for (name) \_\_\_\_\_ and date \_\_\_\_\_
- Worker's comp ceases (date) \_\_\_\_\_ for unemployed parent
- Medical reason for  parent  child
- Parent/guardian expects to be unemployed in the next six months
- Parent/guardian suffered a job loss in the last six months
- Parent/guardian unemployed now, but starts job on (date) \_\_\_\_\_
- Parent/guardian is going to retire
- Parent/ guardian has taken a pay decrease: and/or had their hours reduced
- A parent/guardian has been called up for military service
- A parent/guardian has declared bankruptcy
- Death of a spouse

**This application is confidential**

Please use this section to discuss any special circumstances or further explain any of the above information in order to help us make the most informed decision about this scholarship application. (You may attach additional pages as needed.)

Print Name of Parent One \_\_\_\_\_

Signature of Parent One \_\_\_\_\_

Date \_\_\_\_\_

Print Name of Parent Two \_\_\_\_\_

Signature of Parent Two \_\_\_\_\_

Date \_\_\_\_\_

Applications will be held in the strictest confidence.

Please mail your application to:

Camp Na'aleh, 114 West 26<sup>th</sup> St. Floor 10 New York, NY 10001

**This application is confidential**

**Request for Transcript of Tax Return**

(Rev. January 2011)

OMB No. 1545-1872

Department of the Treasury  
Internal Revenue Service

► **Request may be rejected if the form is incomplete or illegible.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
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<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
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**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

**4** Previous address shown on the last return filed if different from line 3 (See instructions)

**5** If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Habonim Dror Camp Na'aleh  
114 W. 26th St. floor 10. New York, NY 10001

**Caution.** If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. . . . .

**c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution.** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

2011	2010	2009	
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**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

<b>Sign Here</b>	Signature (see instructions)	Date
	Title (if line 1a above is a corporation, partnership, estate, or trust)	
	Spouse's signature	Date