



**APPLICATION FOR TUITION DISCOUNT**  
**AGBU CAMP NUBAR**  
55 East 59<sup>th</sup> Street, New York, New York 10022  
(212) 319-6383 Fax: (212) 486-6196  
[www.campnubar.org](http://www.campnubar.org)    [info@campnubar.org](mailto:info@campnubar.org)



**Camper's Data**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Family Data**

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Number of other children at home and ages: \_\_\_\_\_

Indicate approximate amount of total annual family income: \$ \_\_\_\_\_

Indicate amount parents can contribute towards camper tuition: \$ \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature above, I hereby verify that all information contained in this application is true and I authorize AGBU Camp Nubar to verify my income from my employer.

**Please complete the reverse:**

**Please note:**

- A camper application must be completed and submitted.
- All scholarship and tuition discount recipients must attend the first 2 weeks of Camp.
- Horseback Riding (\$125 per session) and Bus Transportation to and from the AGBU (\$35 each way) are not included in this discount.
- All scholarship grants and discount recipients must pay their share of fees prior to June 15th.

**References:**

Please list the names, addresses, and phone numbers of two people (other than relatives) to be used as references:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_

Please list the name, address and phone number of your Parish Priest.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel: \_\_\_\_\_