קול יהודה
KOL YEHUDA WEST VIRGINIA

CAMPUS
436 Reflection Lane,
High View, WV 26808

EMAIL info@kywv.org
PHONE 732-490-1705

Application 2026

Name of Applicant _____ Date of Birth _____

Address _____

City _____ State_____ Zip _____

Home Phone_____ Applicant cell (optional) _____

Yeshiva _____ Finishing: □ 12th grade; □ 1st Year; □ 2nd Year; □ 3rd Year

Rosh Yeshiva _____Phone_____

Reference _____ Position _____ Phone # _____

Names of camps previously attended _____

Father _____ Father Cell _____ □ Check here to receive texts

Mother _____ Mother Cell _____ □ Check here to receive texts

These cell numbers will be used as emergency contacts. If you will have other contact numbers during the camp season please list them here: _____

Email: _____

For your son's benefit, please inform the camp if there is a medical condition that the EMTs on site should be aware of, including (but not limited to) allergies, asthma, Crohn's, Colitis etc. _____

_____

Your application will not be considered complete until we receive all the following:

- ✓ 2 page application signed, <u>including the payment arrangement</u>
- ✓ Lunch form (only for applicants under age 19 ie those with a DOB <u>after</u> July 20, 2007)
- ✓ Copy of front and back of health insurance card

Kol Yehuda will retain a Ben Torah environment. Conduct and dress must befit a Ben Torah at all times. All bochurim are expected to attend sedarim, tefillos, and take part in activities.

Kol Yehuda is on an alcohol-free and smoke-free campus.

Bochurim may bring kosher filtered or TAG'd flip phones. Smart phones (filtered or not) or any other internet capable devices are strictly prohibited. Kol Yehuda reserves the right to confiscate any devices that don't meet these requirements and the bochur may be asked to leave camp. In this unfortunate event, there will be no refunds or reimbursements.

I have read and agree to the terms and conditions above.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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Camp Fee: **$2,750** **Transportation Fee:** **$280**

The transportation fee is mandatory and includes the bus ride to/from camp as well as all transportation during camp on the rented vans. Please make your travel reservations by July 6th.

Going to Kol Yehuda from: □ Brooklyn □ Lakewood □ Monsey □ Passaic □ Baltimore □ Dulles International Airport □ BWI Airport □ Private transportation

Returning from Kol Yehuda to: □ Brooklyn □ Lakewood □ Monsey □ Passaic □ Baltimore □ Dulles International Airport □ BWI Airport □ Private transportation

Payment Plan

A payment of $1,000 is due with application. A second payment of $1,750 plus transportation is due before July 20th.

First payment will be paid via □ Cash □ Check □ Zelle □ Credit Card □ ACH

Second payment will be paid via □ Cash □ Check □ Zelle □ Credit Card □ ACH

Credit card and ACH payments are charged upon acceptance and on July 20th. CC payments incur a 2% fee.

Check/ACH:

Head checks must be submitted along with your application. Checks should be made payable to Kol Yehuda.

Mail or drop off:

Kol Yehuda

1435 Oak Street

Lakewood, NJ 08701

ACH:

Name on Account: _____

Routing Number: _____

Account Number: _____

Account Type: □ Personal Checking □ Personal Savings □ Business Checking □ Business Savings

Zelle:

Zelle payments to payments@kywv.org (Name: Camp Torah Inc.) Please include the applicant's name in the memo.

Credit Card: (CC payments incur a 2% fee)

Name on Account: _____

Credit Card #: _____ Exp. Date _____/_____ Security Code _____

By signing this form, I give Kol Yehuda permission to debit my account the total amount due.

Parent Signature_____ Date: _____

Please attach a copy of the front and back of your son's health insurance card.

FRONT

BACK

2026-2027 West Virginia Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

RETURN TO (School/District Name):
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Check all that apply: Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

☐ **NO** → Go to STEP 3. ☐ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual	Public Assistance, Child Support, Alimony	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Pensions, Retirement, Social Security, SSI, VA Benefits , All Other	How often received? Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ☐☐

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) ☐☐☐☐

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income

Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received? Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 Contact information and adult signature. RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL: Insert school address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school ofcials ma y verify (confr m) the information. I am aware that if I purposely give false information, my children may lose meal benefts , and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date

Mailing Address (if available)	City	State	Zip	Phone (optional)	Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for of-base housing , food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacifc Islander ☐ White

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For school use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Denied
○	○	○

Determining Ofcial 's Signature | Date | Confr ming Ofcial 's Signature | Date | Verifying Ofcial 's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefts t o your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the **USDA Program Discrimination Complaint Form, AD-3027,** found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

*MAIL: U.S. Department of Agriculture,
Office of the Assistant Secretary for Civil Rights,
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

USDA is an equal opportunity provider, employer, and lender.