

Jewish Federation of Greater Kansas City  
*everywhere. everyday.*

**RABBI GERSHON HADAS GUARDIAN SOCIETY FOR JEWISH CHILDREN  
APPLICATION FOR  
SCHOLARSHIP ASSISTANCE  
LONG TERM ISRAEL PROGRAMS**

**PLEASE RETURN AS SOON AS POSSIBLE**

NAME OF ISRAEL PROGRAM: \_\_\_\_\_

DATES OF ISRAEL PROGRAM: \_\_\_\_\_

The Guardian Society is a community fund available to the Jewish children of Greater Kansas City. For many years, this scholarship program has enabled thousands of young people to participate in Jewish enrichment summer programs, including camps and Israel programs.

**GUARDIAN SOCIETY IS A THIRD SOURCE FOR FINANCIAL ASSISTANCE. APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE APPLICANT HAS SUBMITTED A SCHOLARSHIP REQUEST THE SPONSORING ORGANIZATION AND THE INDIVIDUAL/FAMILY MAKES A MEANINGFUL CONTRIBUTION TO THE COST OF THE PROGRAM.**

**A STUDENT CAN ONLY RECEIVE ASSISTANCE FOR ONE ISRAEL PROGRAM.**

PLEASE READ THIS APPLICATION THOROUGHLY PRIOR TO COMPLETION.

THIS YEAR'S FEDERAL TAX RETURN OR W2 IS REQUIRED WITH THIS APPLICATION. BOTH FEDERAL TAX RETURNS/W2'S ARE NECESSARY FOR FAMILIES WITH SEPARATE HOUSEHOLD INCOMES.

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS YEAR'S TAX RETURN OR W2.**

All information is confidential.

**PARTICIPANT INFORMATION:**

NAME: \_\_\_\_\_ AGE/GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**PARENT CONTACT INFORMATION**

**FATHER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**MOTHER**

NAME: \_\_\_\_\_ AGE/GRADE \_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**RELATED INFORMATION:**

Are you enrolled in the Jewish Federation's Passport to Israel Program? \_\_\_\_\_

Have you received scholarship aid from the Guardian Society in the past? \_\_\_\_\_

For what program and when? \_\_\_\_\_

Are you requesting financial aid from other sources? \_\_\_\_\_ If so, where? \_\_\_\_\_

Please explain any circumstances of which the committee should be aware in considering your application (use other side of page if necessary).

**FINANCIAL RECAPITULATION:**

TOTAL COST OF THE PROGRAM \$ \_\_\_\_\_

FINANCIAL AID FROM OTHER SOURCES \$ \_\_\_\_\_

PASSPORT TO ISRAEL ACCOUNT \$ \_\_\_\_\_

FUNDS FROM SPONSORING ORGANIZATION \$ \_\_\_\_\_

MAXIMUM AMOUNT FROM FAMILY RESOURCES \$ \_\_\_\_\_

ADDITIONAL ASSISTANCE NEEDED \$ \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT  
(OR PARENT IF UNDER 21 YEARS OF AGE)

**PARTICIPANT ESSAY:**

Please write an essay (50 words or less) on:

“WHY I WOULD LIKE TO PARTICIPATE IN THIS PROGRAM”

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**IMPORTANT NOTICE TO THE APPLICANT:**

By signing this application requesting financial assistance, the applicant hereby agrees that in the event a scholarship is awarded but the individual does not participate in the program, you will inform the organization sponsoring the camp or Israel program and request that the funds be returned to the Jewish Federation.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**RETURN TO:** Rabbi Gershon Hadas Guardian Society, Attn. Andi Milens  
Jewish Federation of Greater Kansas City  
5801 West 115 Street - Suite 201, Overland Park, Kansas 66211  
or email to [andim@jewishkc.org](mailto:andim@jewishkc.org)

**APPLICATION DUE MARCH 1.**