



THE POLSKY RELIGIOUS SCHOOL of Conservative Judaism
14200 Lamar Avenue • Overland Park, Kansas 66223 • www.bethshalomkc.org
School (913) 647-7286 • Synagogue (913) 647-7279 • Fax (913) 647-7278



SCHOLARSHIP APPLICATION 2018-19 BETH SHALOM'S POLSKY RELIGIOUS SCHOOL

Dear Parents and Scholarship Applicants:

One of the most endearing aspects of Beth Shalom Synagogue is the continued provision by many of its members for future generations. Contributions made for the benefit of our youth are accumulated in the Permanent Scholarship Fund, and the income from the invested fund is available for scholarships. These scholarships are allocated in the form of grants, and are given on the basis of financial need.

Please read this application thoroughly. It must be filled out **COMPLETELY** and signed by a parent. No application can be considered if not completed in full. Scholarships are only granted to those families who are in good financial standing with Congregation Beth Shalom or have made approved arrangements with the Congregation. Part of the approved arrangement will be your agreement to pay a portion of the tuition fees through a monthly draft of your bank account or charge to your credit card for an agreed upon sum.

Please return the completed application to Jill Goldstein in the Religious School Office along with a copy of your most recent 1040 with all schedules attached by August 1, 2018.

All applications will be kept in strict confidence.

STUDENT INFORMATION

1. NAME _____
Last Name First Name Middle Name

DATE OF BIRTH _____ AGE LAST BIRTHDAY _____
Day Mo. Year

SEX: _____ Male _____ Female

2. HOME ADDRESS _____
Number and Street

_____ City State Zip

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

3. With whom does student live?

Both Parents _____ Mother _____ Father _____

Other (Specify) _____

4. Who assumes responsibility for the payment of tuition and other school fees?

PARENT INFORMATION

NO APPLICATION WILL BE CONSIDERED UNLESS ALL ITEMS HAVE BEEN COMPLETED. WHEN AN ITEM DOES NOT APPLY, PLEASE PRINT "DOES NOT APPLY".

1. FATHER OR GUARDIAN

Name _____ Age _____

Home Address _____

Home Phone _____

Name of Employer or Firm _____

Business Address _____

Business Phone _____

Nature of Business or Profession _____

Position held _____

Years with Firm _____

2. MOTHER OR GUARDIAN

Name _____ Age _____

Home Address _____

Home Phone _____

Name of Employer or Firm _____

Business Address _____

Business Phone _____

Nature of Business or Profession _____

Position Held _____

Years with Firm _____

Income & Expense Information

Income from all sources:

Salaries & Wages: _____

Investment Income (Interest & Dividends): _____

Other Income: _____

Special Expenses or Payment Obligations the Committee should be aware of:

OTHER INFORMATION

1. Please list all children in family, including applicant:

NAME	SCHOOL	AGE
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NAME	SCHOOL	AGE
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NAME	SCHOOL	AGE
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2. During the last four years, have any children in the family received, or are they now receiving any scholarship aid whatever?_____ If yes, please give full details including the dollar amount of aid and person or institution granting the scholarship.

3. Please list any other persons receiving financial support from the family.

Name_____Age_____

Relation to Applicant_____

Amount of total annual support from the family \$_____

4. Total amount of financial aid from other sources received for the other children

\$_____

5. Are you currently applying for or receiving any other aid for this student or any other aid from other children?_____ If so, whom and where?

6. Please explain any circumstances of which the Committee should be aware in considering your application

7. In place of a tuition grant, will you sign a non-interest bearing promissory note which could be repaid over a period of years or in a lump sum?

Yes _____ No _____

THIS APPLICATION CANNOT BE PROCESSED UNLESS THIS SECTION IS COMPLETED IN FULL & YOUR MOST RECENT 1040 IS ATTACHED.

Total Tuition \$ _____

Application is hereby made for a grant in the amount of \$ _____

Balance of fees to be paid by the family \$ _____

Signature of Parent or Guardian

Signature Date

TUITION RATES FOR 2018-19 (includes \$50 activity fee)

Kindergarten-2nd grades - \$590

Grade 7 - \$900

Grades 3-6 and 8-9 - \$1205 total

Confirmation Class w/NYC trip - \$1750

Confirmation Class w/o trip - \$450

HBHA students wishing to also attend the PRS should contact us for tuition information

REMEMBER—FORMS ARE DUE BY AUGUST 1, 2018. Please address: Attn. Jill