

SCHOLARSHIP APPLICATION 2019-2020 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 Becca Levine (Polsky Religious School, Attn: Becca Levine, 14200 Lamar Ave, OP KS 66223) along <u>with a copy of your most recent 1040 with all schedules attached</u> <u>by July 31st, 2019.</u>

All applications will be kept in strict confidence.

STUDENT INFORMATION

1. NAME					
	st Name		First Name		Middle Name
DATE OF BIRT	'H				AGE LAST BIRTHDAY
	Day	Mo.	Year		
Gender:	Male		Female		
2. HOME ADDRE	SS				
			Number and	Street	
_	City		State	Zip	
TELEPHONE NUN	∕IBER				
EMAIL ADDRESS					
3. With whom d	oes student live?				
Darle Darrage		N 4 - 1 l		Fallan	
Both Parents		_iviother_		Father_	
Other (Specify	·)				
4. Who assumes	responsibility fo	r the payr	ment of tuitior	n and othe	er 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	
Tionic Phone	
Name of Employer or Firm	
Business Address	
Business Phone	
Nature of Business or Profession	
Position held	
Years with Firm	

POLSKY RELIGIOUS SCHOOL SCHOLARSHIP APPLICATION – PAGE 3

2. MOTHER OR GUARDIAN

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	<u>1</u>
Income from all sources:	
Salaries & Wages:	
Investment Income (Interest & Dividends):	
Other Income:	
Expenses or Payment Obligations the Committee should be	aware of:

OTHER INFORMATION

NAME	SCHOOL	AGE
NAME	SCHOOL	AGE
NAME	SCHOOL	AGE
any scholarship aid whatev	rs, have any children in the family er? If yes, please give or institution granting the scholar	
3. Please list any other pe	rsons receiving financial support	from the family.
, .	rsons receiving financial support	·
Name	,	Age
NameRelation to Applica		Age
NameRelation to Applicate Amount of total and	nt	Age
NameRelation to Applicate Amount of total and	ntnual support from the family \$	Age

POLSKY RELIGIOUS SCHOOL SCHOLARSHIP APPLICATION – PAGE 5

6. Please explain any circumstances of which the Committee your application	should be aware in considering
7. In place of a tuition grant, will you sign a non-interest bea be repaid over a period of years or in a lump sum?	ring promissory note which could
Yes No	
THIS APPLICATION CANNOT BE PROCESSED UNLESS IN FULL & YOUR MOST RECENT 1046	
Total Tuition	\$
Application is hereby made for a grant in the amoun	<u>t of</u> \$
Balance of fees to be paid by the family	\$
Signature of Parent or Guardian	
Signature	 Date

TUITION RATES FOR 2019-2020 (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 July 31st, 2019. Please address: Attn. Becca