

# **Polsky Religious School**

## **SCHOLARSHIP APPLICATION 2021-2022**

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 Trinity Lawson (Polsky Religious School, attn: Trinity Lawson, 14200 Lamar Ave, OP KS 66223) along <u>with a copy of your most recent 1040 with all schedules attached.</u>

All applications will be kept in strict confidence.

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

## **STUDENT INFORMATION**

NAME						
Las	t Name	F	First Name		Middle Name	
DATE OF BIR	ГН			_ AGE L/	AST BIRTHDAY	
	Day	Mo.	Year			
Gender:	Male _	-	Female			
HOME ADDRESS						
HOME ADDRESSNumber and Street						
	City		State	Zip		
TELEPHONE NUM	MBER					
EMAIL ADDRESS						
With whom doe	s student live?					
Both Parents	:	Mothe	er	Father_		
Other (Speci	fy)					
Who assumes re	esponsibility foi	the pay	ment of tuition	n and othe	er school fees?	

## **PARENT INFORMATION**

#### FATHER OR GUARDIAN

Name	Age	
Home Address		
Home Phone		
Name of Employer		
Profession		
Business Address		
Income & Expe	nse Information	
Income from all sources:		
Salaries & Wages:		
Investment Income (Interest & Divid	dends):	
Other Income:		
Special Expenses or Payment Obliq of:	gations the Committee should be a	aware

#### MOTHER OR GUARDIAN

Name	Age
Home Address	
Home Phone	
Name of Employer	
Profession	
Business Address	
Income & Expense Inform	<u>nation</u>
Income from all sources:	
Salaries & Wages:	
Investment Income (Interest & Dividends):	
Other Income:	
Special Expenses or Payment Obligations th aware of:	ne Committee should be

## **OTHER INFORMATION**

Please list all children i	n family, including applicant	:
NAME	SCHOOL	AGE
NAME	SCHOOL	AGE
NAME	SCHOOL	AGE
they now receiving ar	ars, have any children in the ny scholarship aid whatsoeve including the dollar amount scholarship.	er? If yes,
Please list any other po	ersons receiving financial sup	pport from the family.
Name		Age
Relation to App	licant	
Amount of total	annual support from the fan	nily \$
Total amount of finance children \$	cial aid from other sources re	ceived for the other
	lying for or receiving any other children? If s	

Please explain any circumstances of which the Commit aware in considering your application	tee should be
In place of a tuition grant, will you sign a non-interest-be note which could be repaid over a period of years or in	
Yes No	
THIS APPLICATION CANNOT BE PROCESSED UNLE IS COMPLETED IN FULL & YOUR MOST RECENT 104	
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 2021-2022**

Kindergarten: \$100 (thanks to a generous gift)

1st - 2nd grade: \$590 3rd - 6th grade: \$1205 7th grade: \$900 8th - 9th grade: \$590

10th grade: \$450 (confirmation trip will be billed separately)

REMEMBER—FORMS ARE Due ASAP. Please address: Attn. Trinity