



14200 Lamar Avenue • Overland Park, Kansas 66223  
Synagogue (913) 647-7279 • Fax (913) 647-7277 • [www.bethshalomkc.org](http://www.bethshalomkc.org)

## 2026 APPLICATION FOR SCHOLARSHIP SUMMER CAMP & ISRAEL PROGRAMS

DATE OF APPLICATION \_\_\_\_\_

Dear Parent and Scholarship Applicant:

One of the most beautiful 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. Scholarships are only granted to those families who are Members in good financial standing with Congregation Beth Shalom or have made approved arrangements with the Congregation.

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. All matters pertaining to scholarship applications will be held in strictest confidence. Each family must pay a portion of the camp tuition fees, and is fully responsible for other camp-related costs.

Please email ([kcrufus@gmail.com](mailto:kcrufus@gmail.com)) or mail the completed application to

PRS School Office  
(Attn: Richard Simon)  
14200 Lamar, OPKS 66223  
**By Monday, March 9th, 2026**

Name Of Parent(s)

Home Address:

City, State, Zip

Phone Number (Home):

Phone Number (Work):

E-Mail Address:


Name of Child(ren) applying for <u>Scholarship(s)</u>	<u>Relationship</u>	<u>Age</u>	<u>Grade</u>

## **PARENT INFORMATION**

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

**Parent/Guardian 1's Name:**

**Home Address (\*if different from page 1):**

**Home Phone: (\*if different from page 1):**

**Name of Employer:**

**Business Address:**

**Business Phone:**

**Nature of Business or Profession:**

**Position held:**

**Years with Firm:**


**Parent/Guardian 2's Name:**

**Home Address (\*if different from page 1):**

**Home Phone: (\*if different from page 1):**

**Name of Employer:**

**Business Address:**

**Business Phone:**

**Nature of Business or Profession:**

**Position held:**

**Years with Firm:**


## **Annual Income**

**Earned Income – Parent/Guardian 1:**

**Parent/Guardian 2:**

**Interest & Dividends:**

**Other Income:**

**Total Income (from Form 1040)**

\$
\$
\$
\$
\$

**In order for your application to be complete, you must attach a copy of your most recent Form 1040 Tax Return.**

1. During the last four years, have any children in the family received, or are they now receiving any scholarship aid whatsoever? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, please give full details including the dollar amount of aid and person or institution granting the scholarship.

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

Name \_\_\_\_\_ Age \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

Amount of total annual support from the family \$ \_\_\_\_\_

3. Total amount of financial aid from other sources received for the other children \$ \_\_\_\_\_

4. Please indicate if your child is eligible for the first-time camper grant. Yes \_\_\_\_\_ No \_\_\_\_\_.

Have you applied for this grant? Yes \_\_\_\_\_ No \_\_\_\_\_.

Please list amount received \$ \_\_\_\_\_.

5. Please explain in detail the circumstances of which the Committee should be aware in considering your application \_\_\_\_\_

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Signature of Parent or Guardian

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Signature

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Date

**Complete one sheet for each child.**

**THIS APPLICATION CANNOT BE PROCESSED UNLESS THIS SECTION IS COMPLETED IN FULL—INCLUDING THE AMOUNT YOU ARE REQUESTING\*\*\***

Child's Name: \_\_\_\_\_

Age of Child \_\_\_\_\_

Does your child attend Polsky Religious  
School or Hyman Brand Hebrew  
Academy? Indicate which one: \_\_\_\_\_

Name of Camp or Israel Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_

Length of Program (weeks): \_\_\_\_\_

Total Cost of Program:

\$

REQUIRED - Family Contribution:

\$

Amount of Scholarship Requested:\*\*\*

\$

**Have you applied for scholarship assistance to any other organization(s)? YES\_\_ NO\_\_**

(Please also consider assistance from the Guardian Society via the KC Jewish Federation

<https://www.jewishkansascity.org/get-involved/young-adults/scholarships-incentives/jewish-camp-grants>)

**If yes, which organization(s)?** \_\_\_\_\_

**Is this child a first-time camper? Yes \_\_\_\_\_ No: \_\_\_\_\_**

**STUDENT ESSAY (50 words or less) ON THE SUBJECT**

**“WHY I WOULD LIKE TO ATTEND THIS PROGRAM”**

**(Only for children over 7 years old)**

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