

**APPLICATION FOR SCHOLARSHIP**

**BETH SHALOM EARLY CHILDHOOD EDUCATION PROGRAMS**

**2022 SUMMER CAMP**

NAME OF PARENT(S)

NAME OF CHILD(REN)

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.

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 tuition fees, and is fully responsible for other school-related costs, which may arise during the year.

Please return the completed application to the School Office, along with a copy of your most recent 1040 with all schedules attached by and March 1, 2022 for summer camp.

**NAME OF PROGRAM—Rose Family Early Childhood Education Center**

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

**STUDENT INFORMATION**

1. NAME: Last Name First Name Middle

2. HOME ADDRESS:

City State Zip

3. DATE OF BIRTH: AGE LAST BIRTHDAY

Month/Day/Year

4. SEX: Male Female

5. TELEPHONE NUMBER:

6. With whom does student live?

Both Parents: Mother: Father:

Other (Specify):

7. 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

Annual Income from **all** sources (Include income from interest & dividends) $

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

Annual Income from **all** sources $

**OTHER INFORMATION**

NAME SCHOOL AGE

NAME SCHOOL AGE

NAME SCHOOL AGE

NAME SCHOOL AGE

1. 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.

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. 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?

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

6. 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

Total Tuition $

Amount you are applying for balance $

Signature of Parent or Guardian

Signature Date