



ROSE FAMILY Early Childhood Education Center
14200 Lamar Avenue • Overland Park, Kansas 66223 • www.bethshalomkc.org
School (913) 647-7285 • Synagogue (913) 647-7279 • Fax (913) 647-7278



APPLICATION FOR SCHOLARSHIP

BETH SHALOM EARLY CHILDHOOD EDUCATION PROGRAMS

2024 Summer Camp Scholarship

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 **March 8th, 2023.**

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 (**Required**) \$ _____

Signature of Parent or Guardian

Signature

Date