



## SCHOLARSHIP APPLICATION 2024-2025 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 Members 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 by August 5<sup>th</sup>, 2024 to:**

Polsky Religious School Scholarships  
Attention: Richard Simon  
14200 Lamar Ave  
Overland Park, KS 66223  
(or email [kcrufus@gmail.com](mailto:kcrufus@gmail.com))

**A copy of your most recent 1040 and all schedules attached is required.**

All applications will be kept in strict confidence.

**STUDENT INFORMATION**

1. NAME \_\_\_\_\_  
                                    Last Name                                    First Name                                    Middle Name

DATE OF BIRTH \_\_\_\_\_ AGE LAST BIRTHDAY \_\_\_\_\_  
                                    Day                                    Mo.                                    Year

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

2. HOME ADDRESS \_\_\_\_\_  
  Number and Street

\_\_\_\_\_   
                                    City                                    State                                    Zip

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

3. With whom does student live?

Both Parents \_\_\_\_\_ Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Other (Specify) \_\_\_\_\_

4. 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. PARENT/GUARDIAN 1

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 \_\_\_\_\_

2. PARENT/GUARDIAN 2

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 \_\_\_\_\_

**Income & Expense Information**

Income from all sources:

Salaries & Wages: \_\_\_\_\_

Investment Income (Interest & Dividends): \_\_\_\_\_

Other Income: \_\_\_\_\_

Special Expenses or Payment Obligations the Committee should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION**

1. Please list all children in family, including applicant:

NAME	SCHOOL	AGE

2. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name\_\_\_\_\_Age\_\_\_\_\_

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

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

4. Total amount of financial aid from other sources received for the other children

\$\_\_\_\_\_

5. 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?

\_\_\_\_\_

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

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7. 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 & YOUR MOST RECENT 1040 IS ATTACHED.**

Total Tuition \$ \_\_\_\_\_

**Application is hereby made for a grant in the amount of \$ \_\_\_\_\_**  
\*\*\* (Required)

Balance of fees to be paid by the family \$ \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_  
Signature Date

**TUITION RATES FOR 2024-2025**

Pre-K: \$180

K – 2<sup>nd</sup> grade: \$580

3<sup>rd</sup> - 6<sup>th</sup> grade: \$1205

7<sup>th</sup> grade: \$900

8<sup>th</sup> grade: \$580

**REMEMBER—FORMS ARE Due 8/5/2024. Please address: Attn. Richard Simon**