CONGREGATION Beth**Shalom**



SCHOLARSHIP APPLICATION 2025-2026 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 <u>financial need</u>.

Please read this application thoroughly. It must be filled out **COMPLETELY** and signed by a parent. <u>No application can be considered if not completed in full</u>. 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 4th, 2025 to:

Polsky Religious School Scholarships Attention: Richard Simon 14200 Lamar Ave Overland Park, KS 66223 (or email 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	2	First Name	Middle Nan	ne
DATE OF BIRTH			AGE LAST BIRTHDA	Y
Da	y Mo.	Year		
Gender: Male	Female			
2. HOME ADDRESS				
		Number and	Street	
	City	State	Zip	
TELEPHONE NUMBER				
EMAIL ADDRESS				
3. With whom does stud	ent live?			
Both Parents	Parent 1	L	Parent 2	
Other (Specify)				
4. Who assumes response	sibility for the pay	ment 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	L
Income from all sources:	
Salaries & Wages:	
Investment Income (Interest & Dividends):	
Other Income:	
l Expenses or Payment Obligations the Committee should	l be aware of:

OTHER INFORMATION

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

NAME	SCHOOL	AGE
NAME	SCHOOL	AGE
NAME	SCHOOL	AGE
		AGE
eceiving any scholarship	ears, have any children in the family aid whatever? If yes, p ant of aid and person or institution	lease give full details
Please list any other p	persons receiving financial support	from the family.
Name		Age
Relation to Applic	ant	
Amount of total a	nnual support from the family \$	
. Total amount of finan	cial aid from other sources received	d for the other children
	9	\$
. Are you currently applied in the second seco	ying for or receiving any other aid f	for this student or any othe
so, whom and where?		

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

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 – 2nd grade: \$600 3rd - 6th grade: \$1240

7th grade: \$1240
7th grade: \$1240
8th grade: \$600
9th and 10th grade: \$400
REMEMBER—FORMS ARE Due 8/4/2025. Please address: Attn. Richard Simon