



ROSE FAMILY EARLY CHILDHOOD EDUCATION CENTER
14200 LAMAR AVE, OVERLAND PARK, KS 66223
SCHOOL 913-647-7285 | SYNAGOGUE 913-647-7279 | BETHSHALOMKC.ORG

APPLICATION FOR SCHOLARSHIP

BETH SHALOM EARLY CHILDHOOD EDUCATION PROGRAMS

2026 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 9th, 2026**.



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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 ON LAST BIRTHDAY: _____
Month/Day/Year

4. Gender: _____ 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?
