



**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 9<sup>th</sup>, 2026.**



**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?

\_\_\_\_\_