



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

#### 2016-2017 SCHOOL YEAR

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 July 1, 2016.

**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

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NAME	SCHOOL	AGE
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NAME	SCHOOL	AGE
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NAME	SCHOOL	AGE
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NAME	SCHOOL	AGE
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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.

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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? \_\_\_\_\_

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

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

Application is hereby made for a grant in the amount of \$ \_\_\_\_\_

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

Signature of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date