

CONGREGATION BETH TORAH
APPLICATION FOR SCHOLARSHIP ASSISTANCE

All information is confidential and will be used only in the consideration of this application
Application Deadline: February 1, 2017

STUDENT INFORMATION

Name _____ Age/Grade _____

Address _____ Phone _____

PARENT INFORMATION

Father or Guardian's Name _____

Occupation (nature of work) _____

Employer _____ Years with firm _____

Mother or Guardian's Name _____

Occupation (nature of work) _____

Employer _____ Years with firm _____

Is this application due to an unusual situation or temporary circumstances? Please explain.

**PLEASE ATTACH A COPY OF PAGE 1 OF
YOUR 2016 FORM 1040 or COPIES OF ALL 2014 W-2's**
(We cannot consider your application without this information)

***If you file a Schedule C as part of your Form 1040, please also include a copy of your Schedule C.
Additional information may be requested at a later date in order to make our determination.**

STUDENT ESSAY

The student is to write an essay (100 words) on: "Why I would like to attend this Camp or Israel Program." Please attach the essay on a separate sheet.

PROGRAM INFORMATION

Name of Camp or Program _____

Dates of Camp or Program _____

Cost of Camp or Program: \$ _____

Planned form of transportation: ___ Car ___ Bus ___ Airplane

Estimated Cost of transportation: \$ _____

Anticipated contribution from family resources: \$ _____

Work Scholarship Earnings (madrichim pay, etc.): \$ _____

Amount requested from congregation: \$ _____

*Have you applied for financial aid from other sources? ___ Yes ___ No

(We ask that you apply to all of the available funding sources – see below)

Which one(s)? _____

Amount requested from other sources: \$ _____

Has your child attended a Jewish camp previously ___ Yes ___ No

Which camp(s)? _____

How many years? _____

Signature of Parent

Date

***Additional sources of financial assistance**

- The camp that your child is attending
- The Israel program / experience your child is participating in
- Rabbi Gershon Hadas Guardian Society of Jewish Children (provided by the Community Legacy Fund of the Jewish Community Foundation of Greater Kansas City) – contact Laura Intfen for information and an application

Please complete all sections of this form and return it to Laura Intfen at the Beth Torah office. Questions? Please contact Laura at (913) 498-2212 or by e-mail at lintfen@beth-torah.org