

#### RABBI GERSHON HADAS GUARDIAN SOCIETY FOR JEWISH CHILDREN

### **2022**

### APPLICATION FOR SCHOLARSHIP ASSISTANCE

#### LONG TERM (THREE MONTHS OR LONGER) ISRAEL PROGRAMS

#### PLEASE READ THIS APPLICATION THOROUGHLY PRIOR TO COMPLETION.

#### PLEASE RETURN AS FAR IN ADVANCE OF THE PROGRAM AS POSSIBLE

| NAME OF ISRAEL PROGRAM:         |   |
|---------------------------------|---|
|                                 |   |
| DATES OF ISRAEL PROGRAM:        |   |
|                                 |   |
| U.S. ADDRESS OF ISRAEL PROGRAM: | _ |
|                                 |   |
|                                 |   |

The Guardian Society is a community fund available to the Jewish children of Greater Kansas City. For many years, this scholarship program has enabled thousands of young people to participate in Jewish enrichment summer programs, including camps and Israel programs.

The Guardian Society is a <u>last</u> source for financial assistance. Applications will not be considered until the applicant has submitted a scholarship request to the sponsoring organization and the individual/family makes a meaningful contribution to the cost of the program.

A student can only receive assistance for one Israel program.

Funds awarded by the Guardian Society can only be sent to a U.S. office of the program and cannot be disbursed to individuals.

2020 completed federal tax return (after April 15, 2021, please submit 2021 return) <u>and</u> 2021 W2 is required with this application. Both federal tax returns/W2s are necessary for families with separate household incomes.

#### APPLICATIONS WILL NOT BE PROCESSED WITHOUT YOUR TAX RETURN AND W2.

All information is confidential. Financial information will be shredded upon completion of the scholarship process.

# **PARTICIPANT INFORMATION:** NAME: AGE/GRADE ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: EMAIL ADDRESS: CONGREGATION: PARENT CONTACT INFORMATION **FATHER:** NAME: \_\_\_\_\_ ADDRESS: ZIP CODE: PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_ MOBILE: \_\_\_\_ EMAIL ADDRESS: CONGREGATION: **MOTHER** NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_ MOBILE: \_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION:

## **RELATED INFORMATION:** Are you enrolled in the Jewish Federation's Passport to Israel Program (in Kansas City or another community)? If not, why not? \_\_\_\_\_ Have you received scholarship aid from the Guardian Society in the past? For what program and when? Are you requesting financial aid from other sources? \_\_\_\_\_ If so, where? \_\_\_\_\_ Please explain any circumstances of which the committee should be aware in considering your application (use other side of page if necessary). FINANCIAL INFORMATION: TOTAL COST OF THE PROGRAM FUNDS FROM SPONSORING ORGANIZATION \$\_\_\_\_\_ PASSPORT TO ISRAEL ACCOUNT FINANCIAL AID FROM OTHER SOURCES \$

DATE SIGNATURE OF PARTICIPANT (OR PARENT IF UNDER 21 YEARS OF AGE)

MAXIMUM AMOUNT FROM FAMILY RESOURCES \$\_\_\_\_\_

ASSISTANCE REQUESTED FROM GUARDIAN

#### **PARTICIPANT ESSAY:**

Please write an essay (50 words or less) on:

| "WHY I WOULD LIKE TO PARTICIPATE IN THIS PROGRAM"  |            |
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| MPORTANT NOTICE TO THE APPLICANT:  |            |
| By signing this application requesting financial assistance, the applicant hereby agrees that in the every cholarship is awarded but the individual does not participate in the program, you will inform the or ponsoring the camp or Israel program and request that the funds be returned to the Jewish Federation | ganization |
| Participant Signature Date   |            |
| RETURN TO: Rabbi Gershon Hadas Guardian Society, Attn. Andi Milens   |            |

Jewish Federation of Greater Kansas City
5801 West 115 Street - Suite 201, Overland Park, Kansas 66211
or email to <a href="mailto:andim@jewishkc.org">andim@jewishkc.org</a>