

Polsky Religious School

SCHOLARSHIP APPLICATION 2021-2022

Dear Parents and Scholarship Applicants:

One of the most endearing 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. Scholarships are only granted to those families who are in good financial standing with Congregation Beth Shalom or have made approved arrangements with the Congregation. Part of the approved arrangement will be your agreement to pay a portion of the tuition fees through a monthly draft of your bank account or charge to your credit card for an agreed upon sum.

Please return the completed application to Trinity Lawson (Polsky Religious School, attn: Trinity Lawson, 14200 Lamar Ave, OP KS 66223) along <u>with a copy of your most recent 1040 with all schedules attached.</u>

All applications will be kept in strict confidence.

NO APPLICATION WILL BE CONSIDERED UNLESS ALL ITEMS HAVE BEEN COMPLETED. WHEN AN ITEM DOES NOT APPLY, PLEASE PRINT "DOES NOT APPLY".

STUDENT INFORMATION

NAME					
Last	Name		First Name		Middle Name
DATE OF BIRTH	D -	N.A	V		AGE LAST BIRTHDAY
	Day	MO.	rear		
HOME ADDRESS_					
			Number and	d Street	
-		City	C+.	ate	Zip
		City	310	Jie –	ΣΙΡ
TELEPHONE NUM	BER				
EMAIL ADDRESS					
With whom does	s student li	ve;			
Both Parents		Mother		_Father	
Other (Specify)_					_
Who assumes re	sponsibility	for the po	ayment of tuit	tion and othe	er school fees?
					•

PARENT INFORMATION

FATHER OR GUARDIAN

Name	Age	
Home Address		
Home Phone		
Name of Employer		
Profession		
Business Address		
	-	
Income & Expense Info	<u>ormation</u>	
Income from all sources:		
Salaries & Wages:		
Investment Income (Interest & Dividends):		
Other Income:		
Special Expenses or Payment Obligations to of:	the Committee should be aw	/are

MOTHER OR GUARDIAN

Name	Age
Home Address	
Home Phone	
Name of Employer	
Profession	
Business Address	
Income & Expense Inform	<u>nation</u>
Income from all sources:	
Salaries & Wages:	
Investment Income (Interest & Dividends):	
Other Income:	
Special Expenses or Payment Obligations th aware of:	ne Committee should be

OTHER INFORMATION

Please list all children in family, including applicant:				
NAME	SCHOOL	AGE		
NAME	SCHOOL	AGE		
NAME	SCHOOL	AGE		
they now receiving an	ars, have any children in the y scholarship aid whatsoeve including the dollar amount scholarship.	er? If yes,		
Please list any other pe	ersons receiving financial sup	oport from the family.		
Name		Age		
Relation to Appl	icant			
Amount of total	annual support from the far	mily \$		
Total amount of financ children \$	ial aid from other sources re	eceived for the other		
	ying for or receiving any oth er children? If s			

Please explain any circumstances of which the Commit aware in considering your application	tee should be
In place of a tuition grant, will you sign a non-interest-be note which could be repaid over a period of years or in	
Yes No	
THIS APPLICATION CANNOT BE PROCESSED UNLE IS COMPLETED IN FULL & YOUR MOST RECENT 104	
Total Tuition	\$
Application is hereby made for a grant in the amount of	\$
Balance of fees to be paid by the family	\$
Signature of Parent or Guardian	
Signature	 Date

TUITION RATES FOR 2021-2022

Kindergarten: \$100 (thanks to a generous gift)

1st - 2nd grade: \$590 3rd - 6th grade: \$1205 7th grade: \$900 8th - 9th grade: \$590

10th grade: \$450 (confirmation trip will be billed separately)

REMEMBER—FORMS ARE Due ASAP. Please address: Attn. Trinity