

Jewish Federation of Greater Kansas City
everywhere. everyday.

**RABBI GERSHON HADAS GUARDIAN SOCIETY FOR JEWISH CHILDREN
APPLICATION FOR
SCHOLARSHIP ASSISTANCE**

APPLICATION DEADLINE: MARCH 1

NAME OF CAMP OR ISRAEL PROGRAM: _____

DATES OF CAMP OR 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.

**GUARDIAN SOCIETY IS A THIRD SOURCE FOR FINANCIAL ASSISTANCE. APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE APPLICANT HAS SUBMITTED A SCHOLARSHIP REQUEST TO HIS/HER CONGREGATION AND THE FAMILY MAKES A MEANINGFUL CONTRIBUTION TO THE COST OF THE PROGRAM.
A STUDENT CAN ONLY RECEIVE ASSISTANCE FOR ONE ISRAEL PROGRAM.**

PLEASE READ THIS APPLICATION THOROUGHLY PRIOR TO COMPLETION.

THIS YEAR'S FEDERAL TAX RETURN OR W2 IS REQUIRED WITH THIS APPLICATION. BOTH FEDERAL TAX RETURNS/W2'S ARE NECESSARY FOR FAMILIES WITH SEPARATE HOUSEHOLD INCOMES.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS YEAR'S TAX RETURN OR W2.

All information is confidential. **You will be notified by April 15.**

STUDENT INFORMATION:

NAME: _____ AGE/GRADE ____/____

ADDRESS: _____ CITY _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

What religious school does the student attend? _____

With whom does the student live?

Both Parents _____ Parent/Guardian 1 _____ Parent/Guardian 2 _____ Other (Specify) _____

PARENT/GUARDIAN CONTACT INFORMATION

PARENT/GUARDIAN 1:

NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: HOME: _____ BUSINESS: _____ MOBILE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

PARENT/GUARDIAN 2:

NAME: _____ AGE/GRADE ____/____

ADDRESS: _____ ZIP CODE: _____

PHONE: HOME: _____ BUSINESS: _____ MOBILE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

RELATED INFORMATION:

Is this child enrolled in the Passport to Israel Program? _____

How many children are participants in the Passport to Israel Program? _____

Are other children attending other summer programs? _____

Has your family ever received scholarship aid from the Guardian Society? _____

When? _____

Are you requesting financial aid from other sources? _____ From where? _____

Please explain any circumstances of which the committee should be aware in considering your application (use other side of page if necessary).

FINANCIAL RECAPITULATION:

TOTAL COST OF THE PROGRAM \$ _____
(Do NOT include domestic travel expenses)

SCHOLARSHIP AID FROM CONGREGATION \$ _____

WORK SCHOLARSHIP EARNINGS \$ _____
(If your Congregation sponsors such a program)

PASSPORT TO ISRAEL ACCOUNT \$ _____

FUNDS FROM SPONSORING ORGANIZATION \$ _____

MAXIMUM AMOUNT FROM FAMILY RESOURCES \$ _____

ADDITIONAL ASSISTANCE NEEDED \$ _____

DATE

SIGNATURE OF PARENT/GUARDIAN

