



Jewish Federation
OF GREATER KANSAS CITY

RABBI GERSHON HADAS GUARDIAN SOCIETY FOR JEWISH CHILDREN

2019

APPLICATION FOR FINANCIAL ASSISTANCE FOR JEWISH OVERNIGHT CAMP

APPLICATION DEADLINE: MARCH 1

Late applications will be considered on a case-by-case basis and only under extraordinary circumstances.

PLEASE READ THIS APPLICATION THOROUGHLY PRIOR TO COMPLETION.

NAME OF CAMP PROGRAM: _____

DATES OF CAMP 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 Jewish sleep-away camps and Israel programs.

The Guardian Society is a last source for financial assistance. Applications will not be considered until the applicant has submitted scholarship requests to the sponsoring organization and to their local congregation, and the individual/family makes a meaningful contribution to the cost of the program.

Completed 2017 federal tax return and 2018 W2 is required with this application. Both federal tax returns and W2s are necessary for families with separate household incomes.

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE MOST RECENT TAX RETURN(S) AND W2(S).

Funds awarded by the Guardian Society can only be sent directly to the camp program.

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? _____

What Jewish activities is the student involved in? _____

How many years has the student attended camp? _____

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: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: HOME: _____ BUSINESS: _____ MOBILE: _____

EMAIL ADDRESS: _____

CONGREGATION: _____

RELATED INFORMATION:

Are other children in the family attending other summer programs? How many? _____

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

When? _____

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 \$ _____
(Do NOT include domestic travel expenses)

SCHOLARSHIP AID FROM CONGREGATION \$ _____

FUNDS FROM SPONSORING ORGANIZATION \$ _____

FINANCIAL AID FROM OTHER SOURCES \$ _____

MAXIMUM AMOUNT FROM FAMILY RESOURCES \$ _____

ASSISTANCE REQUESTED FROM GUARDIAN \$ _____

DATE

SIGNATURE OF PARENT/GUARDIAN

STUDENT ESSAY:

Student is to write an essay (50 words or less) on:

“WHY I WOULD LIKE TO ATTEND THIS CAMP”
(50 words or less)

IMPORTANT NOTICE TO THE APPLICANT:

By signing this application requesting financial assistance, the applicant hereby agrees that in the event a scholarship is awarded but the student does not participate in the program, parents will inform the organization sponsoring the camp program and request that the funds be returned to the Jewish Federation.

Date

Parent Signature

RETURN TO: Rabbi Gershon Hadas Guardian Society, Attn. Andi Milens
Jewish Federation of Greater Kansas City
5801 West 115th Street - Suite 201, Overland Park, Kansas 66211
or email andim@jewishkc.org

APPLICATION DUE MARCH 1.