**CONGREGATION BETH TORAH**

**APPLICATION FOR SCHOLARSHIP ASSISTANCE**

**CAMP FOR SUMMER OF 2024**

# All information is confidential and will be used only in the consideration of this application

***Application Deadline: February 28***

**STUDENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT INFORMATION**

Guardian's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation (nature of work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years with firm\_\_\_\_\_\_\_\_\_\_\_

Second Guardian's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation (nature of work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years with firm\_\_\_\_\_\_\_\_\_\_\_

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

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**PLEASE ATTACH A COPY OF PAGE 1 OF**

**YOUR 2020 FORM 1040 or COPIES OF ALL 2020 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.

\**See other side to complete application* **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 Guardian 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) – Application link can be found on our Jewish Summer Camp web page.

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