

CAJE/Jewish Federation of Greater Kansas City
The Common Ground to Strengthen Our Community
913.327.8100

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

APPLICATION DEADLINE: FEBRUARY 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 hundreds of young people to participate in Jewish enrichment summer programs, including camps and Israel programs. Scholarship assistance for Israel programs is provided by the Community Legacy Fund of the Jewish Community Foundation of Greater Kansas City.

GUARDIAN SOCIETY IS A SECOND SOURCE FOR SCHOLARSHIP ASSISTANCE. APPLICATIONS WILL NOT BE CONSIDERED UNTIL THE APPLICANT HAS SUBMITTED A SCHOLARSHIP REQUEST TO HIS/HER CONGREGATION. 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.

STUDENT INFORMATION:

NAME: _____ AGE/GRADE ____ / ____

ADDRESS: _____ ZIP CODE: _____

PHONE: _____

CONGREGATION: _____

What religious school does the student attend? _____

With whom does the student live?

Both Parents _____ Mother _____ Father _____ Other (Specify) _____

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.

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

STUDENT ESSAY:

Kansas City Jewish Community

COMMUNITY FINANCIAL ASSISTANCE APPLICATION FORM

The following information is required to complete this application:

Most recent copy of your completed Individual Federal Tax Return. If you are self-employed, please include business tax returns, also. If you do not file an individual federal tax return you may be required to provide alternative documentation.

All questions on the Financial Assistance Form must be answered; those that are not applicable please write N/A.

Signatures on pages 5 and 6.

****All information provided on this application form will remain confidential. All information will be for the exclusive use of determining eligibility for financial assistance.**

CURRENT REQUEST

Please list name of agency, synagogue to which you are applying for financial assistance and the name of the specific program (use additional sheet if necessary):

Institution/Program	Full Fee	Amount you can pay

DEMOGRAPHIC INFORMATION

1.	Head of Household					
2.	Spouse/Domestic Partner					
3.	Address					
	City, State, Zip					
	Phone Number					
4.	Synagogue Member?	Yes	No			
	Which Congregation(s)					
5.	Marital Status	Married	Divorced	Separated	Widowed	Single
6.	Occupation of applicant					
	Position Title					
	Business Name					

	Business Address	
	Business Phone	
7.	Occupation of Spouse/Domestic Partner	
	Position Title	
	Business Name	
	Business Address	
	Business Phone	
8.	Name of First Dependent Child	
	Date of Birth	
	Grade in School	
	Name of Second Dependent Child	
	Date of Birth	
	Grade in School	
	Name of Third Dependent Child	
	Date of Birth	
	Grade in School	
	Name of Fourth Dependent Child	
	Date of Birth	
	Grade in School	
	Name of Fifth Dependent Child	
	Date of Birth	
	Grade in School	
	Names of other dependents living at home and give relationship (Grandparents, etc.)	

9. Is this application due to an unusual situation or temporary circumstances? (please explain)

BASIC FINANCIAL INFORMATION
INCOME

10. Please indicate the amount of gross earnings you anticipate receiving during the current year.
--

Salaries and/or business income (primary)	\$
Salaries and/or business income (spouse/domestic partner)	\$
Any explanation:	
Welfare Payments	\$
Disability Payments	\$
Social Security income	\$
Other (explanation):	

11. If you are divorced or separated, please answer the following questions:	
Monthly income from:	
Child support	\$
Maintenance	\$
If divorced or separated, who is responsible for payment of fees?	

12. Other individuals who regularly help pay for family expenses:	
Relationship	Annual Amount
	\$
	\$
	\$

EXPENDITURES

13. Please give amounts of payments anticipated during the current year for the following:	
Rent or mortgage payments	\$
Unusual medical expenses	\$
Maintenance/Child Support	\$

INFORMATION ABOUT PREVIOUS FINANCIAL ASSISTANCE REQUESTS

14. Have you or any member of your family received an adjusted fee for any program, membership or service within the Jewish Community?		Yes _____	No _____
If yes, list program(s) in the space below (use additional sheet if necessary):			
Institution/Program	Date	Full Fee	Amount You Paid
		\$	\$
		\$	\$
		\$	\$

15. Have you been denied financial assistance from any Jewish community program?		Yes _____	No _____
Institution/Program		Date	

If you are applying for financial assistance in excess of \$500, please complete information on pages 4-5. Otherwise, please continue to page 5 and 6 for your signature.

DETAILED FINANCIAL INFORMATION
INCOME

16. Please indicate the amount of gross earnings you anticipate receiving during the current year:	
Distributions from trust funds	\$
Pension/retirement income	\$
Interest/dividend income	\$
Other (explanation):	\$
	\$

EXPENDITURES

17. Please give amounts of payments anticipated during the current year for the following:	
Synagogue dues or other religious affiliations	\$
Installment loans and leases, including car	\$
Health Insurance	\$
Credit Card Debts	\$
School Fees/Tuition	\$
Day Care	\$

ASSETS

18. Please list the values of the family assets	
Home	\$
Less mortgage	\$
Equity in home	\$
Equities in other real property	\$
Cash in bank	\$
Savings and certificates of deposit	\$
Investment securities:	\$
Investment clubs	\$
Mutual funds	\$
Municipal bonds	\$
Stock and bonds	\$
Annuities	\$
Retirement Plans (IRA, 401K, 403B ...)	\$
Trust funds (if you have access to principal)	\$
Automobiles (make & year)	\$
	\$
	\$
	\$
Investment in business & partnerships	\$
Other assets	\$

LIABILITIES

19. Please list the family liabilities	
Bank loans (other than home or car)	\$
Other loans	\$
Other liabilities	\$
	\$
	\$
	\$
	\$

I declare that the information contained in this form, to the best of my knowledge and belief, is true, correct, and complete. I understand that funds available for assistance are limited and that the amount of assistance, if any, will be based on financial need and available funds.

_____ Date

_____ Signature of Applicant

Tax Return Information:

- ___ Tax form included (copy attached)
- ___ Tax form to be provided later
- ___ Tax form not required by government

Additional Comments (use additional sheet if necessary):

Authorization to Release Information

I hereby authorize the release of the above information to the designated representative of each agency checked below to which I am applying for or have received financial assistance.

Date

Signature of Applicant

_____ B.I.A.V.

_____ Congregation Beth Shalom

_____ Congregation Beth Torah

_____ Hyman Brand Hebrew Academy

_____ Jewish Community Center

_____ Jewish Family Service

_____ Kehilath Israel Synagogue

_____ Kol Ami

_____ Ohev Sholom

_____ Rabbi Gershon Hadas Guardian Society for Children

_____ The Temple, Congregation B'nai Jehudah