

CAJE/Jewish Federation of Greater Kansas City  
913.327.8100

**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 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: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

What religious school does the student attend? \_\_\_\_\_

With whom does the student live?

Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**PARENT CONTACT INFORMATION**

**FATHER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONGREGATION: \_\_\_\_\_

**MOTHER (IF DIFFERENT FROM FATHER)**

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.

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**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 \$ \_\_\_\_\_

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DATE

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SIGNATURE OF PARENT

**STUDENT ESSAY:**

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

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

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**IMPORTANT NOTICE TO THE APPLICANT:**

By signing this application for funds, the applicant hereby agrees that in the event a scholarship is awarded, he/she will provide the Guardian Society (c/o C.A.J.E.) with a one page written critique of the program, so that the records may be maintained on the evaluation of students attending such activities.

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Date

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Student’s Signature

**RETURN TO:** Rabbi Gershon Hadas Guardian Society. **APPLICATION DUE MARCH 1.**

c/o CAJE/Jewish Federation of Greater Kansas City  
5801 West 115th Street - Suite 201, Overland Park, Kansas 66211