

## **Beth El Synagogue**

### **David S. Rice and Esther Zorinsky Rice Endowment Fund**

#### **Application for Financial Aid**

#### **Instructions**

Please read the entire Application for Financial Aid carefully before completing.

1. Complete the Application for Financial Aid by typing or writing in black ink and return it to Beth El Synagogue Scholarship Committee: 14506 California Street, Omaha, NE 68154, and mark the envelope **“Strictly Confidential.”**
2. For all spring and summertime activities (i.e., summer camps, conventions, etc.), applications should be completed and submitted no later than March 15.
3. For school enrollment such as Friedel Jewish Academy or the Child Development Center, applications must be completed and submitted by May 15.
4. For all fall and winter events (i.e., conventions, etc.), applications must be completed and submitted no less than sixty (60) days prior to the event or program.
5. For trips to Israel, applications must be submitted no later than the annual date set by the Financial Aid Committee of the Jewish Federation.
6. Financial need and Jewish involvement are basic criteria in awarding scholarships.
7. If your application is for \$500.00 or more, then you must attach the family’s most recent U.S. income tax return (Form 1040 or 1040EZ).
8. Please note that all matters will be held in strictest confidence. Address all questions to Allison Newfeld, Beth El Synagogue, Executive Director, (402) 492-8550. Please send application to:

Beth El Synagogue Scholarship Committee  
14506 California Street  
Omaha, NE 68154

**and mark the envelope “Strictly Confidential.”**

**Beth El Synagogue**

**David S. Rice and Esther Zorinsky Rice Endowment Fund**

**Application for Financial Aid**

1. Name of Participant (child or student) \_\_\_\_\_ ( ) ( )  
Last First Middle M F
2. Permanent Home Address \_\_\_\_\_  
No. & Street City State Zip
3. Phone number \_\_\_\_\_ 4. Birthdate \_\_\_\_\_
5. Name of General Studies School \_\_\_\_\_ 6. Grade \_\_\_\_\_
7. Participant's Social Security Number \_\_\_\_\_
8. Name of Parent(s) or Guardian(s) \_\_\_\_\_
9. Address (if different from student) \_\_\_\_\_  
No. & Street City State Zip
10. Parent/Guardian Email(s) \_\_\_\_\_
11. Parent/Guardian Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
12. Parent/Guardian Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
13. Parental Marital Status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_
14. Total Number of Dependents in Family (including Participant) \_\_\_\_\_
15. Does the Participant attend Beth El Synagogue religious school? Yes \_\_\_\_ No \_\_\_\_  
If so, what grade? \_\_\_\_\_
16. Is the Participant enrolled in Kadima? Yes \_\_\_\_ No \_\_\_\_
17. Is the Participant enrolled in USY? Yes \_\_\_\_ No \_\_\_\_
18. Does the Participant attend religious services on a regular basis? Yes \_\_\_\_ No \_\_\_\_
19. Is the Participant applying for financial aid for an activity sponsored or conducted by Beth El Synagogue, or connected with the Conservative Movement of which Beth El is a part?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please name and describe the program. \_\_\_\_\_
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20. Is the Participant applying for financial aid for a program for Jewish youth sponsored or conducted by the Jewish Federation of Omaha, Inc., or one of its agencies? Yes \_\_\_ No \_\_\_

If yes, please check one of the following:

A. Child Development Center Pre-School \_\_\_\_\_ Type or Level of Program \_\_\_\_\_

B. Friedel Jewish Academy \_\_\_\_\_ Grade \_\_\_\_\_

C. Jewish Community Center Summer Camp(s) \_\_\_\_\_ Name or Type of Camp \_\_\_\_\_

D. Locally sponsored trip to Israel \_\_\_\_\_ Describe \_\_\_\_\_

\_\_\_\_\_

E. B'nai B'rith Youth Organization \_\_\_\_\_ Describe Event \_\_\_\_\_

\_\_\_\_\_

F. Other (please describe) \_\_\_\_\_

\_\_\_\_\_

21. Please set forth the location of the program: \_\_\_\_\_ and the date(s) or time frames when the program will occur: \_\_\_\_\_

22. Cost of Program: Registration \_\_\_\_\_

Transportation \_\_\_\_\_

Other (please describe) \_\_\_\_\_

23. Why does Participant want to participate in this program? (Attach an additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: David S. and Esther Z. Rice created the David S. Rice and Esther Z. Rice Endowment Fund so that children of Beth EI members with demonstrated financial need could have an opportunity to participate in Jewish programs. Because financial need is one of the basic criteria in awarding the scholarship, we require the following financial information. If you are requesting less than \$500.00, it is not necessary to provide a U.S. Tax Return with your Application.

FINANCIAL DATA:

A. The following data will be kept in complete confidence by the Beth EI Scholarship Committee. Please supply financial data from the family's most recent U.S. Income Tax Return (Form 1040).

1. Adjusted gross family income \$ \_\_\_\_\_

2. Taxable family income \$ \_\_\_\_\_

3. Total federal and state income taxes paid \$ \_\_\_\_\_

4. Total itemized deductions (if any) \$ \_\_\_\_\_

B. If parents are divorced, does custodial parent receive child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list monthly amount \$ \_\_\_\_\_

C. Will Participant receive any other financial assistance to participate in this program? (If yes, please indicate in detail the source and amounts.)

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D. Please state the amount you feel you can afford to meet the expenses of this program.

\$ \_\_\_\_\_

E. Please state the total amount you hope to receive from the Beth EI Scholarship Committee.

\$ \_\_\_\_\_

F. Have you applied to the Financial Aid Committee of the Jewish Federation for financial assistance for this program? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, why not? Please explain.

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Please note that for all activities sponsored by the Jewish Federation or one of its agencies, also including, but not limited to, Friedel Jewish Academy and B'nai B'rith Youth activities, the Applicant is required to also submit an Application to the Financial Aid Committee of the Jewish Federation. For all activities sponsored by this Synagogue or the Conservative Movement, an Application to the Financial Aid Committee of the Jewish Federation is not required but is encouraged.

- G. Financial need within the family unit is considered in awarding assistance. Please explain in detail those financial considerations that you feel should be brought to the attention of the Beth El Scholarship Committee. (Attach additional sheets if necessary.) All information is kept in complete confidence.

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## CHECK LIST

Have you done the following?

\_\_\_\_\_ Fully completed the application form.

\_\_\_\_\_ Signed it (parent or guardian and applicant 13 years of age or older).

\_\_\_\_\_ Enclosed the first two pages of the relevant 1040 forms.

\_\_\_\_\_ Applied to the Financial Aid Committee of the Jewish Federation, if required.

**All information stated in this application is, to the best of my knowledge, accurate and complete.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Applicant (if 13 or older)

Please return the completed form to:

Beth El Synagogue Scholarship Committee  
14506 California Street  
Omaha, NE 68154

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