

THE KURT & TESSYE SIMON

TEMPLE BETH - EL

SCHOLARSHIP FUND

RENEWAL  
APPLICATION

THE KURT AND TESSYE SIMON  
TEMPLE BETH-EL SCHOLARSHIP FUND  
305 W. MADISON ST.  
SOUTH BEND, IN 46601-1119

GENERAL INFORMATION CHECKLIST—RENEWAL APPLICATION

Dear Simon Scholarship renewal applicant,

This package contains the forms you will need to submit in order to be considered for a renewal of your Simon Scholarship. Please fill them out carefully, and make sure everything that is required is included in your application, including financial information and recommendation letters. As you fill them out, remember that the Scholarship Committee will consider the following when reviewing your application and deciding on whether you will be granted an award, as well as its amount: Academic performance\*; activities that show a connection with the Jewish community such as involvement in a campus Jewish student group, teaching or volunteering at a local congregation, participating in a local/regional/national Jewish college program, or being involved with Israel; outside activities including employment; financial need, and recommendations. It is up to you to make the best case you can for your candidacy.

General Information:

- A. It is the applicant's responsibility to prepare this material in folder form.
- B. Mail or deliver the application folder to the Scholarship Committee postmarked on or before March 15 prior to the start of academic year for which funds are sought.

Specific Data

The following should be included in the application folder:

- A. Application with essay
- B. Two supporting letters of recommendation (See forms.)
- C. Transcript of post high-school record
- D. Financial aid information: Complete the applicant's budget form and have your parent or guardian complete the parental financial analysis. (See forms.) All financial aid information will be kept confidential and will be seen only by Scholarship Committee members.

\* Unless there are extenuating circumstances, a B average or better is considered adequate academic performance for a Simon Scholar.

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TEMPLE BETH-EL SCHOLARSHIP FUND

**IMPORTANT:**

Application must be filled out and postmarked on or before **March 15** prior to the start of the academic year for which funds are sought.

Mail application to:

TEMPLE BETH-EL  
305 W. MADISON ST.  
SOUTH BEND, IN 46601-1119

Please print or type:

Today's date: \_\_\_\_\_ Academic Year for which funds are sought: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street, City, State, Zip)

Phone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Applicant:

\_\_\_\_\_

Signature of Temple Member: (Must be in good standing for application to be considered) \_\_\_\_\_

Name of College or University currently attending:

\_\_\_\_\_

Present class (Circle one)    FR                      SOPH                      JR

College Address:

\_\_\_\_\_

(Street)    (City)    (State)                      (Zip)

Email: \_\_\_\_\_

Degree sought and major: \_\_\_\_\_

Do you anticipate continuing your education at the same school you presently attend? Yes \_\_\_ No \_\_\_

If no, transferring to: \_\_\_\_\_

List the referees to whom you are giving the reference forms to be completed. The referees should be one teacher, administrator, or counselor, and one personal referee. Select your referees carefully.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

(Street, City, State, Zip)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

(Street, City, State, Zip)

Person financially responsible for your education:

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Has your family's ability to provide financial assistance changed since submitting your application last year? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Will you be declared a dependent on your parent's IRS form? Yes \_\_\_ No \_\_\_

Are there other circumstances that you consider as having an important effect on family status? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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Renewal Application

This essay must be typed or wordprocessed with a maximum of 500 words on this sheet or on an attached sheet. The subject is, **“How my college experience has helped me grow.”**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

## APPLICANT'S BUDGET AND PARENTAL FINANCIAL ANALYSIS

## A. Applicant's estimated budget

<b>Expenses</b>		<b>Income</b>	<b>\$</b>
University tuition and fees	\$	Parental contribution	\$
Room and board	\$	Summer job earnings	\$
Books and supplies	\$	Expected school-year earnings	\$
Other	\$	University scholarships, grants	\$
<b>TOTAL</b>	<b>\$</b>	Other grant funds	<b>\$</b>
		Other income:	\$
		1. Loans (estimated)	\$
		2.	\$
		3.	\$
		<b>TOTAL</b>	<b>\$</b>

1. Total amount applicant has in savings, assets, and investments:

\_\_\_\_\_

2. Does applicant own an automobile? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes, Make: \_\_\_\_\_ Year: \_\_\_\_\_ Value: \_\_\_\_\_

B. Parental Financial Analysis (to be filled out by parent or guardian):

Father's name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parents' marital status:

Mother: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

Father: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

Family income (check appropriate range):

Under 25,000 \_\_\_\_\_ 25,000 - 35,000 \_\_\_\_\_ 35,000 - 45,000 \_\_\_\_\_

45,000 - 55,000 \_\_\_\_\_ 55,000 - 65,000 \_\_\_\_\_ 65,000 - 75,000 \_\_\_\_\_

75,000 - 85,000 \_\_\_\_\_ 85,000 - 95,000 \_\_\_\_\_ Above 95,000 \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Number of dependent children attending college: \_\_\_\_\_

Any unusual medical or dental expenses not paid for by insurance?

\_\_\_\_\_

Value of investments (CD's, stocks, bonds, etc.): \_\_\_\_\_

Value of savings: \_\_\_\_\_

Any unusual circumstances (please explain):

\_\_\_\_\_

\_\_\_\_\_

Signed by: \_\_\_\_\_  
(Parent or Legal Guardian)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)



