

THE KURT & TESSYE SIMON

TEMPLE BETH - EL

SCHOLARSHIP FUND

UNDERGRADUATE
APPLICATION

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

GENERAL INFORMATION CHECKLIST—UNDERGRADUATE APPLICATION

Dear Simon Scholarship applicant,

This package contains the forms you will need to submit in order to be considered for a 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 at Temple Beth-El; 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 school record. Be sure the following are included:
 - 1. S.A.T. or A.C.T. scores
 - 2. Rank in class
 - 3. High school G.P.A.
 - 4. Record of attendance
- 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.

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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 you plan to attend this fall:

Degree sought and major: _____

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: _____

Other circumstances that you consider as having an important effect on family status:

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This essay must be typed or wordprocessed with a maximum of 500 words on this sheet or on an attached sheet. The subject is, **“What I hope to gain from my college experience.”**

Signature: _____ Date: _____

Name: _____

APPLICANT'S BUDGET AND PARENTAL FINANCIAL ANALYSIS

A. Applicant's estimated budget

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

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)

