

THE KURT & TESSYE SIMON

TEMPLE BETH-EL

SCHOLARSHIP FUND

GRADUATE SCHOOL
APPLICATION

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

GENERAL INFORMATION CHECK LIST – GRADUATE 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 one recommendation letter. As you fill them out, remember that the Scholarship Committee will consider the following when reviewing your application and deciding whether you will be granted an award, as well as the amount: Academic performance (transcript from your under graduate program), any outside activities including employment, financial need and one recommendation letter (from an academic professor, college advisor or personal recommendation.)

General information:

It is the applicant's responsibility to prepare this material and mail your application to the Scholarship Committee by **April 15, 2022**.

Mail your completed application to: Temple Bethel Simon Scholarship Fund
305 W. Madison St.
South Bend, IN 46601

The application forms are available on Temple's website www.tbe-sb.org
Your recommendation letter must be mailed to Temple by the above date.

Please note that your completed application, including recommendation letters and transcript, must be received in the Temple office by April 15, 2022; tardy or incomplete applications will not be considered for awards.

Specific Data:

The following should be included:

- Application with essay
- Financial aid information: Complete the applicant's budget form. All financial aid information will be kept confidential and will be seen only by the Scholarship Committee members.
- One supporting letter of recommendation from a college professor, college advisor or a personal recommendation.

- Transcript of your undergraduate program if you are applying as a first- year graduate or your previous semester program if you are renewing.
- For new graduate students only, documentation of acceptance to a graduate program is required. (May be submitted after application deadline if unavailable) For students renewing, this is not a requirement.

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GRADUATE APPLICATION

Application must be received in the Temple office by April 15, 2022

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 apply: _____

Name: _____

Address: _____

(Street, City, State, Zip)

Phone Number _____ Date of Birth: _____

Email Address _____

Signature of Applicant: _____

Signature of parent or guardian: (Must be Temple member 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 person to whom you are giving the reference form to be completed. The recommender should be an academic professor, college advisor or one personal reference.

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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Name _____

- 1. List activities in college or, if out of college for more than one year, activities since college graduation, including any Jewish organizations/activities such as Hillel, teaching religious school, tutoring Hebrew or any workshops or seminars with Jewish content.**

- 2. List work experience**

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ESSAY: Must be a maximum of 500 words to be completed on this form or
attach essay to this form

SUBJECT: My professional goals after graduate school

Signature: _____ **Date:** _____

Name: _____

APPLICANT'S BUDGET AND PARENTAL FINANCIAL ANALYSIS

A. Applicant's estimated budget

| Expenses, School | | Resources | \$ |
|-----------------------------|-----------|---------------------------------|-----------|
| 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 | \$ |
| | | Other income: | \$ |
| | \$ | 1. Loans (estimated) | \$ |
| | \$ | 2. | \$ |
| | \$ | 3. | \$ |
| | \$ | | |
| | \$ | TOTAL | \$ |

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: Single _____ Married _____ Widowed _____ Divorced _____
Father: Single _____ Married _____ Widowed _____ Divorced _____

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?

Any unusual circumstances (please explain):

Signed by: _____
(Parent or Legal Guardian)

(Applicant)

(Date)

**Academic Professor, College Advisor or Personal Recommendation for the
Kurt and Tessye Simon Temple Beth-El Scholarship Fund**

Applicant Name _____
 (Last) (First) (Middle)
 Address: _____
 (Street) (City) (State) (Zip)
 Phone Number _____

Please give this form, along with a stamped and addressed envelope to the person who will write in support of your application.

| | |
|---|---|
| <p>The Family Education Rights and Privacy Act of 1974 provides that you may waive your right to see recommendations. Please indicate by checking the appropriate phrase and signing your name whether or not you wish to waive this right.</p> | <p>I ___ waive ___ do not waive any right of access that I may have to recommendations that are submitted in conjunction with the Kurt and Tessye Simon Temple Beth-El Scholarship Fund.</p> <p>Signature _____</p> |
|---|---|

We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting a scholarship winner. We would like comments on the applicant's intellectual and personal promise. Most helpful are specific examples of the personal qualities and accomplishments that make this person unique. After the selection process, we will destroy all subjective evaluations of applicants. After completing the form, the recommender should give the recommendation to the applicant in a sealed envelope with his/her signature across the sealed flap, or you may send the recommendation directly to the Kurt and Tessye Simon Temple Beth-El Scholarship Fund, 305 W. Madison St., South Bend, IN 46601-1119.

This recommendation must be received on or before April 15, 2022.

Name (Printed) _____
 Signature _____ Title _____ Date _____
 School _____
 (Name) (Address) (Phone)