The Kurt & Tessye Simon Temple Beth-El Scholarship Fund

Graduate School Application
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 undergraduate 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 17, 2023.

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 17, 2023; 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.
THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
GRADUATE APPLICATION

Application must be received in the Temple office by April 17, 2023

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:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
GRADUATE APPLICATION

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
THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
GRADUATE APPLICATION

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

<table>
<thead>
<tr>
<th>Expenses, School</th>
<th>Resources</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>University tuition and fees</td>
<td>Parental contribution</td>
<td>$</td>
</tr>
<tr>
<td>Room and board</td>
<td>Summer job earnings</td>
<td>$</td>
</tr>
<tr>
<td>Books and supplies</td>
<td>Expected school-year earnings</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>University scholarships, grants</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>Other grant funds</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Other income:</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>1. Loans (estimated)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

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.

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.

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.
Signature _____________________________

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 17, 2023.**

Name (Printed) __________________________________________________________
Signature _____________________________ Title _______________ Date _________
School ___________________________________________________________________
(Name)    (Address)    (Phone)