The Kurt & Tessye Simon Temple Beth-El Scholarship Fund

Undergraduate Application for High School Seniors
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.

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 with the application:

A. Application with essay
B. Financial aid information: Complete the applicant’s budget form and have your parent or guardian complete the parental financial analysis. All financial aid information will be kept confidential and will be seen only by Scholarship Committee members.
C. Two supporting letters of recommendation
D. Transcript of school record. Be sure the following are included:
   1. S.A.T. or A.C.T. scores
   2. Rank in class, if available
   3. High school G.P.A.
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 persons to whom you are giving the reference forms to be completed. They should be one teacher, administrator, or counselor, and one personal reference.

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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
1. List high school activities by year.

2. List community activities by year.

3. List specific activities at Temple Beth-El or in the wider Jewish community (e.g. participation in meetings, volunteer work).

4. List school, community, or Temple honors received.

5. List work experience.
THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
Undergraduate Application

This essay must be word processed 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: ________________
APPLICANT’S BUDGET AND PARENTAL FINANCIAL ANALYSIS

A. Applicant’s estimated budget

<table>
<thead>
<tr>
<th>Expenses</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>

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:  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)
Teacher/Administrator or Counselor 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)
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.

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Name (Printed) ________________________________________________
Signature _____________________________ Date _______________
(Address) ____________________________________________________
(Phone) ____________________________________________________