

THE KURT & TESSYE SIMON
TEMPLE BETH-EL
SCHOLARSHIP FUND

UNDERGRADUATE
COLLEGE 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..

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 and list of activities and work experience
- 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 current letters of recommendation; the committee will not consider recommendations that are not from the current academic year.
- D. Transcript of post high-school record

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

THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND

IMPORTANT:

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: _____

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 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 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: _____

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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TEMPLE BETH-EL SCHOLARSHIP FUND
Renewal Application

This essay must be typed or word processed 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: _____

THE KURT AND TESSYE SIMON
TEMPLE BETH-EL SCHOLARSHIP FUND
Renewal Application

Name: _____

1. List extra-curricular college activities you have been involved with in the past year, particularly activities that show an ongoing 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).

2. List work experience.

Name: _____

APPLICANT'S BUDGET AND PARENTAL FINANCIAL ANALYSIS

A. Applicant's estimated budget

Expenses		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	\$

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.

<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>
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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.

<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>
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This recommendation must be received on or before April 17, 2023.

Name (Printed) _____
Signature _____ Date _____

(Address) (Phone)