



GUIDELINES FOR THE DISTRIBUTION OF BEADY BERLER SCHOLARSHIP GRANTS

The Beady Berler Scholarship for Study in Israel was established to honor the memory of Beady Berler, lifetime resident of San Antonio.

1. The applicant must be a student at a college/university within the state of Texas.
2. Only the applicant may fill out this application. It is very important that the applicant understand all contents of the application.
3. One scholarship may be awarded annually, as funds are available and as determined by the Beady Berler Scholarship Committee. The applicant may apply each year, even if he/she was awarded the scholarship previously.
4. Applicant must be an undergraduate or graduate student and applying for an academic course of study as part of a degree program.
5. Program must be sponsored by or in cooperation with an Israeli college, university, or yeshiva based in Israel. Individual internships and extended travel or work **do not** qualify.
6. This is a merit-based scholarship; the applicant is not required to submit any financial data. The applicant may include any special circumstances that may influence the committee's decision.
7. All information received by the Beady Berler Scholarship Committee and all committee deliberations are strictly confidential.
8. Scholarships will not be awarded on a retroactive basis.
9. If the scholarship recipient fails to complete the course of study in Israel to which the scholarship applies, the scholarship funds must be repaid to the Foundation for Jewish Philanthropies of San Antonio.
10. Scholarship amount is variable.
11. **Applicant MUST submit the following:**
 - a. Two recent photographs;
 - b. One letter of recommendation, which must be from a faculty member in the applicant's major field of study at the college/university applicant is currently attending;
 - c. A 100-word essay on the subject of "Why I wish to study in Israel;" and
 - d. Official transcripts from all post-secondary schools attended, to be sent directly by the record custodian to the Foundation for Jewish Philanthropies of San Antonio
12. Scholarship funds awarded will be sent directly to the college, university, or yeshiva in Israel.

Failure to provide any requested information may result in application disqualification. To ensure your application is reviewed in a timely manner, it is essential that all required parts be submitted no later than Wednesday, April 10, 2019 to:

The Foundation for Jewish Philanthropies of San Antonio
Attn: Matt Elam
12500 NW Military Highway, Suite 200
San Antonio, Texas 78231
(210) 302-6960 ✦ elamm@jfsatx.org



The Foundation for Jewish Philanthropies of San Antonio
Application for the Beady Berler Scholarship for Study in Israel

Please submit completed application along with a current transcript, two recent photographs, a letter of recommendation, and a 100-word essay. Please submit all information by Wednesday April 10, 2019.

Applications that are not completely filled out or are submitted after the deadline may not be accepted.

If further information is needed, please contact the JFSA office at 210-302-6960.

A. General Information

Name of Student: _____ Male: Female:

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security Number: _____ Student ID Number: _____

Phone: _____ Email: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Permanent Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Are you a United States Citizen? Yes: No: If "No," list your citizenship and status in the US:

Student's Marital Status: Single: Married: Divorced: Widowed:

If student is married, include the following information:

Spouse: _____

Spouse's Employer: _____ Years: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Parents are: Married: Divorced: Widowed: Deceased:

Father or Guardian:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Father's Employer: _____ Years: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Mother or Guardian:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mother's Employer: _____ Years: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Please list all immediate family members (*excluding Parents/Guardians*): _____

Have you or members of your family previously applied to this agency for this or any scholarship assistance?

Yes: No: If yes, who and when? _____

What type of aid was requested and received? _____

If recipient(s) is/are still in high school or college, list status: _____

Are you presently employed? Yes: No:

If "Yes," where? _____

If "Yes," explain duties, hours and pay. If "No," how do you spend your spare time?

B. Educational Information

Name of College/University now attending: _____

Address: _____

City: _____ State: _____ Zip: _____

Major: _____ Anticipated date of graduation: _____

What is your primary career objective? _____

List extracurricular activities:

Secular activities: _____

Jewish activities: _____

Synagogue affiliation: _____

List other organizations and affiliates:

C. Israel Program Information

Name of program: _____ Dates of program: _____

Program description: _____

Have you been accepted to this program? Yes: No:

D. Personal Statement

Please write a 100-word essay on the topic “Why I wish to study in Israel” and include any information that you feel is important and relevant to your desire to study in Israel. You may use the section below or attach another sheet. **Please print legibly or type and make sure your name appears at the top of your essay.**

E. Anticipated Program Costs

Tuition and Fees \$ _____

Travel to Israel \$ _____

Books and Supplies \$ _____

Room Rent \$ _____

Board (*regular meals*) \$ _____

Other (*specify*) _____ \$ _____

Total Expenses \$ _____

Name of Institution: _____

Street Address: _____

Postal Code and City/Town/Locality: _____

Any unusual situations or expenses? Yes: No:

If "Yes," please explain (*if necessary, include a separate sheet of paper*):

F. Waiver of Liability

In the event that I am awarded the Beady Berler Scholarship for Study in Israel, I hereby acknowledge that the Foundation for Jewish Philanthropies of San Antonio have no responsibility at all for any aspect of the program in which I will be participating, and I do hereby release them, their officers, board members, employees, staff, agents, and affiliates and agree to indemnify, defend, and hold them harmless from and against any and all liability for any injury, loss, or claim which may occur as a part of, or resulting from, any aspect of my travel to or from Israel, my being in Israel, or of the program for which the scholarship monies will be used.

Signature of Applicant

Date

I understand that receipt of a scholarship is contingent upon acceptance to the program to which I have applied and that failure to complete the program will necessitate repayment of the scholarship. I waive any right to read or obtain a copy of any letters of recommendation submitted in regard to my application or any material whatsoever related to the deliberation of the Scholarship Committee or its decisions. I understand that all decisions of the Scholarship Committee are final.

I also understand that if I am awarded the scholarship, the funds will be made payable directly to the college, university or yeshiva. If I am awarded the scholarship, I agree to allow the Foundation for Jewish Philanthropies of San Antonio and the Jewish Federation of San Antonio to use my name and photograph for publicity with regard to receiving this scholarship.

Signature of Applicant

Date



**Beady Berler Scholarship for Study in Israel
Letter of Recommendation**

To be completed by a faculty member in the applicant's major field of study at the college/university the applicant is currently attending.

Student: _____ Israel Program: _____

Please indicate how long you have known the candidate and in what capacity. Include comments on his/her notable and/or extraordinary qualities and also why you think he/she would benefit from this experience in Israel. Please type or write legibly. Use space below or attach separate sheet.

Your Name: _____ Email: _____

Title/Position: _____ Phone: _____

Relationship to Applicant: _____

Signature: _____ Date: _____

Deadline: Wednesday, April 10, 2019 at 4:00 pm

This form is strictly confidential. Please mail/fax it to:
The Foundation for Jewish Philanthropies of San Antonio
Attn: Beady Berler Scholarship for Study in Israel
12500 NW Military Hwy, Suite 200
San Antonio, TX 78231
Phone: 210.302.6966 * Fax: 210.408.2332