



**GUIDELINES FOR THE DISTRIBUTION OF PRE-MED UNDERGRADUATE SCHOLARSHIP  
GRANTS OF THE ELMER AND SALLY COOPER SCHOLARSHIP FUND**

All scholarships shall be awarded to Jewish students whose permanent residency is in the United States. Preference will be given to students who live in Bexar County or the immediate surrounding areas.

1. Applications will be considered for undergraduate university studies. Four-year scholarships will be given to students whose university studies are in pre-med in the United States.
2. Applicants should submit the following:
  - Completed application
  - Original transcript
  - A **one-page** essay (only the first page of any essay will be reviewed)
  - Tax returns

**Please do not include resume, letters of reference, or school information.**

**Send only what is requested above.**

3. The scholarship will be determined by financial need, academic achievement, and a substantial one-page essay.
4. Students must be in the upper 10% of their high school graduating class.
5. All Foundation grant funds will be sent directly to the university.
6. Applicants must submit a signed copy of the 2017 income tax return filed with the IRS and a current transcript. If the 2017 return is not available, submit the 2016 tax return with an explanation as to why the 2017 return is not available. Students who are considered dependents for IRS purposes must submit a signed copy of the 2017 IRS tax return of their parent(s) or guardian(s).
7. Recipients of the scholarship qualify annually for four years of university study provided that they continue to meet the following criteria:
  - Students must maintain a minimum 3.0 grade point average
  - Students must remain full-time (*minimum 12 credit hours per semester*) students and certify that they still intend to enter medical school

**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](mailto:elamm@jfsatx.org)



The Foundation for Jewish Philanthropies of San Antonio  
Application for the Elmer and Sally Cooper Pre-med Undergraduate Scholarship/Tuition Assistance

Please submit completed application with a signed copy of the 2017 income tax return filed with the IRS and a current transcript. If the 2017 return is not available, submit the 2016 tax return with an explanation as to why the 2017 return is not available. Students who are considered dependents for IRS purposes must submit a signed copy of the 2017 IRS tax return of their parent(s) or guardian(s). Please submit all information by Monday, April 15, 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: \_\_\_\_\_

What amount do your parents/spouse feel they can afford to contribute to your school expenses each year?

Freshman: \$ \_\_\_\_\_ Sophomore: \$ \_\_\_\_\_ Junior: \$ \_\_\_\_\_ Senior: \$ \_\_\_\_\_

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?

Did you work last summer? Yes:  No:

If "Yes," where? \_\_\_\_\_

If "Yes," explain duties, hours and pay. If "No," what did you do?

Do you have a job for the coming summer? Yes:  No:

If "Yes," where? If "No," explain why not.

How much have you been able to put aside to help defray costs of your college education?

\$ \_\_\_\_\_ If none, explain: \_\_\_\_\_

Do you plan to work while attending college? Yes:  No:

Explain:

If "No," how do you plan to finance your education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Educational Information**

Name of High School/College now attending: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What college/university will you attend if you receive a scholarship? *(a specific college/university must be given)*

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Are there any circumstances that may impact on your decision of which school you will attend?

Where will you live?      With parent(s):       On campus:       Off campus:       Own home:

What is your primary career objective? \_\_\_\_\_

\_\_\_\_\_

What is, or will be, your academic major? \_\_\_\_\_

List extracurricular activities:

Secular activities: \_\_\_\_\_

Jewish activities: \_\_\_\_\_

Synagogue affiliation: \_\_\_\_\_

List other organizations and affiliates:

**C. Financial Assistance**

Scholarships are granted for four (4) years providing the student:

- a. maintains a minimum 3.0 grade point average (*official transcripts to be sent directly by the record custodian to the Foundation for Jewish Philanthropies of San Antonio*)
- b. remains a full-time (*minimum 12 credit hours per semester*) student and certifies that he/she still intends to enter medical school

List completely all organizations to which you have applied, or intend to apply, for scholarships, grants and loans for this academic year and indicate the disposition of each application. Include all loans, grants, scholarships and any other financial assistance given by high school, college or university.

Name and Address of Organization	Amount Received	Amount Pending	Amount Denied
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

List complete name and address of the office of Student Financial Services:

\_\_\_\_\_  
\_\_\_\_\_

Any unusual situations or expenses?    Yes:     No:

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

**D. Estimate of Financial Need for the 2018-2019 Academic Year**

**Expenses**

Tuition (*1<sup>st</sup> choice university*) \$ \_\_\_\_\_

Fees and Deposits (*as required by college catalog*) \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Room Rent \$ \_\_\_\_\_

Board (*regular meals*) \$ \_\_\_\_\_

**Total Annual Expenses** \$ \_\_\_\_\_

**Funds for the Academic Year**

Personal Contribution \$ \_\_\_\_\_

Anticipated Student Loans \$ \_\_\_\_\_

Scholarships (*other than request from Foundation*) \$ \_\_\_\_\_

Assistance from Parent(s)/Spouse of Applicant \$ \_\_\_\_\_

Assistance from Friends and/or Relatives \$ \_\_\_\_\_

Other (*VA, SS, ED, INS, etc.*) \$ \_\_\_\_\_

**Total Assistance and Income** \$ \_\_\_\_\_

**Remaining Financial Need** \$ \_\_\_\_\_

**E. Certification**

I hereby apply for a scholarship from the Foundation for Jewish Philanthropies of San Antonio to assist in the payment of my educational expenses while in full-time (*minimum 12 credit hours per semester*) attendance at:

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Furthermore, I authorize the Financial Aid Office at that institution to release all information required to determine my financial condition. I certify that the information contained in this application is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date