



GUIDELINES FOR THE DISTRIBUTION OF GRADUATE SCHOLARSHIP GRANTS

All scholarships shall be awarded to Jewish students whose permanent residency is in Bexar County or the immediate surrounding areas. **All applicants must submit a new application each year to be considered for future scholarships.**

1. There are three (3) levels of scholarship awards:

Level One

- Up to \$1000 per student
- Submit completed application, original transcript, and tax returns
- Scholarship determined by financial need

Level Two

- Up to \$2500 per student
- Submit completed application, original transcript, tax returns and a one-page essay (only the first page of any essay will be reviewed) describing personal goals
- Scholarship determined by financial need, academic achievement, participation in Jewish activities/involvement in community, and essay

Level Three

- Up to \$5000 per student
- Submit completed application, original transcript, tax returns and a one-page essay (only the first page of any essay will be reviewed) describing personal goals
- Scholarship determined by financial need, outstanding academic achievement, significant participation in Jewish activities/involvement in community, and substantial one-page essay

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

Send only what is requested above.

2. Applications will be considered for postgraduate scholarships for Jewish education, Rabbinical, or Cantorial studies.
3. All Foundation grant funds will be sent directly to the institution.
4. 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).

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 Graduate 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?

First Year: \$ _____ Second Year: \$ _____

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 graduate school education?

\$ _____ If none, explain: _____

Do you plan to work while attending graduate school? Yes: No:

Explain:

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

B. Educational Information

Name of college/university now attending: _____

Address: _____

City: _____ State: _____ Zip: _____

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

1st Choice: _____

2nd Choice: _____

3rd 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 focus? _____

List extracurricular activities:

Secular activities: _____

Jewish activities: _____

Synagogue affiliation: _____

List other organizations and affiliates:

C. Financial Assistance

Every scholarship is granted on a yearly basis and renewal is possible, but not guaranteed. **All applicants must submit a new application each year.**

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 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 2019-2020 Academic Year

Expenses

Tuition (*1st 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 of 9 hours*) 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