



GUIDELINES FOR THE DISTRIBUTION OF LOCAL SAN ANTONIO JEWISH DAY SCHOOL & JEWISH HIGH SCHOOL 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 two (2) levels of scholarship awards:

Level One (*local SA Jewish day school students are limited to level one*)

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

Level Two

- Up to \$2000 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 primarily by financial need, academic achievement, participation in Jewish activities/involvement in community and essay

2. All applicants must submit information to show the local day school or Jewish High School is accredited by the regional board.
3. All applicants must include a letter of recommendation from a local rabbi, day school principal or Jewish educator.
4. All Foundation grant funds will be sent directly to the day school or high school.
5. 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 Jewish High School 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: _____

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

Male: Female: Social Security 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:

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 give you for your school expenses each year?

Freshman: \$ _____ Sophomore: \$ _____ Junior: \$ _____ Senior: \$ _____

If attending a local Jewish day school, please note \$ amount here:

Note – If applying to local day school, please skip to section B.

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 education?

\$ _____ If none, explain: _____

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

Explain:

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

B. Educational Information

Name of Local Elementary/Middle/High School now attending: _____

Address: _____

City: _____ State: _____ Zip: _____

What School will you attend if you receive a scholarship? *(a specific school 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? On campus: Off campus:

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 high school.

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 (*1st choice school*) \$ _____

Fees and Deposits (*as required by school catalog*) \$ _____

Books and Supplies \$ _____

Room Rent \$ _____

Board (*regular meals*) \$ _____

Travel \$ _____

Total Annual Expenses \$ _____

Funds for the Academic Year

Personal Contribution \$ _____

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

Assistance from Parent(s) of Applicant \$ _____

Assistance from Friends and/or Relatives \$ _____

Other (*specify*) \$ _____

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 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