

Academic Scholarship Application

These scholarships are need-based.

Candidate must demonstrate:

- Strong academic record
- Work ethic
- Character
- Anything specific to the selected scholarship

Complete this application, sign, date and submit with the following:

1. Essay - A typed and double-spaced essay that describes why you qualify for the scholarship and what does it mean to you to be part of your Jewish community
2. Transcript - Official school transcript
3. References - Three letters of reference from teachers, employers, clergy, personal mentors, etc. (no relatives or significant others).
4. Photograph - Include a photo.
5. Full copy of previous year's tax return.
6. W-2 for the current tax year.

**NOTE: Final candidates will have a personal interview with the Scholarship Committee.
Date to be determined.**

We would like to recognize Scholarship recipients at our JFGI Annual Meeting in June.

Mark Pescovitz Scholarship Award

Established in memory of Dr. Mark Pescovitz, a Federation Officer and the Chairman of the Annual Campaign. This is a need-based grant to recognize a Jewish high school junior or senior with a record of outstanding service to the Indianapolis Jewish and general community.

Svetlana and Zinovy Grimberg Endowed Scholarship

Established in memory of Svetlana and Zinovy Grimberg, a loving family who valued providing the best education opportunities. This is a need-based grant with preference given to recognize a working (part-time or full-time) female community member pursuing education that will lead to a career.

Please send in your application with all attachments mail.
Applications are due by **March 1st**.

Attention: Pamela Eicher
Academic Scholarship Application
Jewish Federation of Greater Indianapolis
6705 Hoover Road, Indianapolis, IN 46260-4120
Phone: 317.715.6981 • Fax: 317.205.0307 • Email: academicscholarship@JFGI.org



Jewish Federation OF GREATER INDIANAPOLIS

6705 Hoover Road
Indianapolis, IN 46260-4120
Phone: 317.726.5450
Fax: 317.205.0307
www.jewishindianapolis.org

Application Checklist

Office Use

- ☐ Application with Signature
- ☐ Essay
- ☐ School Transcript
- ☐ Recommendation Letter #1
- ☐ Recommendation Letter #2
- ☐ Recommendation Letter #3
- ☐ Photograph
- ☐ Full copy of previous years return
- ☐ W-2 for current tax year

Date Received _____

Academic Scholarship Application

Applications must be postmarked/submitted by March 1st

APPLICANT INFORMATION

Name: _____ Gender: _____
(First) (Middle Initial) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Birthdate: ____/____/____ Birth City/Place: _____

Applicant's Employer: _____ Occupation: _____

Please select the scholarship of interest:

☐ **Mark Pescovitz Scholarship**

☐ **Svetlana and Zinovy Grimberg Endowment Scholarship**

EDUCATIONAL INFORMATION

High School: _____ Year Graduated: _____

Guidance Counselor's Name: _____ Phone #: _____

Scholastic Standing (Rank Total Class): _____ GPA / Grade Scale _____

University/College you plan to attend: _____

University/College Address: _____

University/College City: _____ State: _____ Zip: _____

Have you been accepted? ☐ Y ☐ N Major Field of Study: _____

If currently attending, College or University	Years Attended	Degree
_____	_____	_____
_____	_____	_____

Volunteer/Extra Curricular Activities:

Please Describe:

Awards/Honors:

REFERENCES

(Personal and professional/academic)

Please attach three completed letters of reference.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Please include a full copy of your W-2 and previous year's income tax return. We request that you not just attach the first page but provide full financial documentation for both your W-2 and previous year's income tax return.

Applications without these documents will not be reviewed.

Parent/Guardian #1 Name, Employer and Income Information

Name: _____ Birth City/Place: _____

Employer: _____ Occupation/Title: _____

Total Income in previous year: \$ _____ Estimated Total Income current year: \$ _____

Parent/Guardian #2 Name, Employer and Income Information

Name: _____ Birth City/Place: _____

Employer: _____ Occupation/Title: _____

Total Income in previous year: \$ _____ Estimated Total Income current year: \$ _____

Number of brothers/sisters _____ Ages _____ Number in College _____

Unusual Financial Circumstances

Please explain why a scholarship is needed. Is there any other information that may be helpful for us should know about? This might include unusual expenses you have had in the past year or are expected to have in upcoming year, significant changes in income in recent years or expected in the upcoming year, illness, housing, or employment difficulties, debts, support of aged relatives, etc. Please attach additional pages if needed.

We have checked this application and affirm that the information given is complete and correct.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date



Jewish Federation
OF GREATER INDIANAPOLIS

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Policies and Procedures

Parents - please read carefully, sign the bottom of these procedures and return it with your application. We recommend that you keep a copy for your records.

The Jewish Federation of Greater Indianapolis provides a limited number of need-based grants.

Academic scholarship applications will be accepted until **March 1st** at the Jewish Federation of Greater Indianapolis (6705 Hoover Road, Indianapolis, Indiana 46260).

The Jewish Federation of Greater Indianapolis retains the right to limit the number of grants given each year. Only one grant will be made per student. Applicants must use the grant in the year it is given for tuition to a university.

The difference in cost between the program chosen and the grant from the Federation will be the responsibility of the person requesting the grant. If the applicant is unable for any reason to attend the school and is entitled to a refund, the refund shall be applied first to repay the Federation to the extent of the grant.

Parents or guardians of students granted funds under this program release the Jewish Federation of Greater Indianapolis from any liability under any circumstances for any problems, and/or injury, etc., resulting from participation in the program chosen by the applicant.

The Jewish Federation of Greater Indianapolis reserves the right to make any changes without prior notice.

We understand and agree to these Policies and Procedures.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date