The Neil and Leah Silver

Advanced Degree Scholarship Fund

Graduate Application

**THE NEIL AND LEAH SILVER ADVANCED DEGREE SCHOLARSHIP FUND**

**JEWISH FEDERATION OF ST. JOSEPH VALLEY**

**3202 SHALOM WAY, SOUTH BEND, IN 46615**

GENERAL INFORMATION CHECKLIST – GRADUATE APPLICATION

**General Information:**

It is the applicant’s responsibility to submit the compiled application and required materials to the Scholarship Committee on or before **April 14, 2017** preceding the academic year for which funds are sought. **Any applications that are incomplete or missing documentation as of April 14, 2017 will not be considered. It is the applicant’s responsibility to ensure all documents from third parties are submitted by the deadline.**

**Specific Data:**

The following should be included in the application folder:

1. A typed essay of no more than 500 words on an attached sheet. The subject should include your intended career goals as a result of obtaining an advanced degree; your connection to the St. Joseph Valley community; what would a Scholarship mean to you personally; how you remain and plan to continue to remain connected to the Jewish community.
2. Three supporting letters of recommendation from non-relatives of applicant’s choice (see forms.) At least one of the letters should be a recommendation from an undergraduate professor or your supervisor at your place of employment.
3. Copy of official acceptance letter to University Graduate Program.
4. Copy of undergraduate transcript. Be sure the following are included:
5. All courses
6. Undergraduate Overall G.P.A.
7. The college degree you received
8. The date degree received or anticipated date
9. Awards or Honors
10. Financial aid information: complete the applicant’s budget form. (See forms.) All financial aid information will be kept confidential and will be seen only by Scholarship Committee members.
11. Acceptance of any awarded scholarship indicates an agreement by recipient to attend the university indicated as a full-time student for the entire academic year. Dropping out or dropping below full-time status will void the scholarship.

**THE NEIL AND LEAH SILVER ADVANCED DEGREE SCHOLARSHIP FUND**

Application must be filled out and submitted before **April 14, 2017**, preceding the academic year for which funds are sought.

Send application to: **JEWISH FEDERATION OF ST. JOSEPH VALLEY**

**3202 SHALOM WAY**

**SOUTH BEND, IN 46615  
Or email a PDF of your application to emilyb@thejewishfed.org.**

Please type. Hand written forms are not accepted:

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year for which funds are sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Street, City, State, Zip)

Primary Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of University you plan to attend or are attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree sought and field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the referees to whom you are giving the reference forms to be completed. Select your referees carefully.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Street, City, State, Zip)

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Street, City, State, Zip)

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Street, City, State, Zip)

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Occupation/Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your marital status:

Single  Married  Widowed  Divorced  Separated

Spouse’s name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_

Occupation/Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

Total Household Wages (check appropriate range):

Under $25,000

$25,000 - $ 64,000

$65,000 – $99,000

$100,000 or Above

Do you have children for whom you have direct financial responsibility:  Yes  No

If yes, please list names and ages:

\_\_\_\_

Other income (child support, alimony, investment income, etc.):

**CURRENT EXPENSES** (fill in applicable expenses)

Housing:  Own  Rent

Monthly Rent/Mortgage Payment:

Average Monthly Utilities (include Condo/Association fees):

Monthly Car Payments:

Total Credit Card Debt:

Total Student Loans:

Any unusual financial circumstances (medical, dental, adult dependents, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GRADUATE PROGRAM FINANCES**

**Expenses:**

Annual tuition and fees:

Room and board (if applicable):

Books and supplies:

Other expenses:

**Academic Income**:

University scholarships, grants:

Other sources of grants/income:

Do you anticipate that your annual employment income will change as a result of your becoming a graduate student?  Yes  No  Unsure

Please explain your answer:

**Employment**

Please list your employment history, beginning with your current or most recent job (use extra paper if necessary).

### 

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Position** | **Dates** | **Hrs/Wk** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Awards and Honors**

Attach an additional sheet if necessary:

|  |  |  |
| --- | --- | --- |
| **Organization/Activity** | **Award/Honor** | **Dates** |
|  |  |  |
|  |  |  |
|  |  |  |

**Community/Volunteer Involvement**

Please list your major volunteer involvement activities in the Jewish and general communities. Attach an additional sheet if necessary:

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization/Activity** | **Position** | **Dates** | **Hours/month** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Applicant’s Budget and Financial Analysis**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Expenses** |  | **Income** |  |
| University tuition and fees | $ | Parental contribution | $ |
| Room and board (if applicable) | $ | Job earnings | $ |
| Books and supplies | $ | Expected school-year earnings | $ |
| Other | $ | University scholarships, grants | $ |
| **Total** | **$** | **Total** | **$** |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommendation for the**

**Neil and Leah Silver Advanced Degree Scholarship Fund**

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

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

(Street) (City) (State) (Zip)

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| The Family Education Rights and Privacy Act of 1974 provide that you may waive your right to see recommendations. Please indicate by checking the appropriate phrase and signing your name whether or not you wish to waive this right. | I \_\_\_\_ waive \_\_\_\_ do not waive any right of access that I may have to recommendations that are submitted in conjunction with the Neil and Leah Silver Advanced Degree Scholarship Fund.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please give a copy of the following form, along with a stamped and addressed envelope to each of the three references who will write in support of your application.*

We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting scholarship recipients. We would like comments on the applicant’s intellectual and personal promise. Most helpful are specific examples of the personal qualities and accomplishments that make this person unique. All recommendations are kept confidential. After completing the form, please send the recommendation directly to Scholarship Funds, Jewish Federation of St. Joseph Valley, 3202 Shalom Way, South Bend, IN 46615.

**This recommendation must be received on or before April 14, 2017.**

**You may use the back of this sheet or attached sheets.**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

What is your relationship to the applicant?

**Recommendation for the**

**Neil and Leah Silver Advanced Degree Scholarship Fund**

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

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

(Street) (City) (State) (Zip)

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| The Family Education Rights and Privacy Act of 1974 provide that you may waive your right to see recommendations. Please indicate by checking the appropriate phrase and signing your name whether or not you wish to waive this right. | I \_\_\_\_ waive \_\_\_\_ do not waive any right of access that I may have to recommendations that are submitted in conjunction with the Neil and Leah Silver Advanced Degree Scholarship Fund.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please give a copy of the following form, along with a stamped and addressed envelope to each of the three references who will write in support of your application.*

We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting scholarship recipients. We would like comments on the applicant’s intellectual and personal promise. Most helpful are specific examples of the personal qualities and accomplishments that make this person unique. All recommendations are kept confidential. After completing the form, please send the recommendation directly to Scholarship Funds, Jewish Federation of St. Joseph Valley, 3202 Shalom Way, South Bend, IN 46615.

.

**This recommendation must be received on or before April 14, 2017.**

**You may use the back of this sheet or attached sheets.**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

What is your relationship to the applicant?

**Recommendation for the**

**Neil and Leah Silver Advanced Degree Scholarship Fund**

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

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

(Street) (City) (State) (Zip)

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| The Family Education Rights and Privacy Act of 1974 provide that you may waive your right to see recommendations. Please indicate by checking the appropriate phrase and signing your name whether or not you wish to waive this right. | I \_\_\_\_ waive \_\_\_\_ do not waive any right of access that I may have to recommendations that are submitted in conjunction with the Neil and Leah Silver Advanced Degree Scholarship Fund.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please give a copy of the following form, along with a stamped and addressed envelope to each of the three references who will write in support of your application.*

We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting scholarship recipients. We would like comments on the applicant’s intellectual and personal promise. Most helpful are specific examples of the personal qualities and accomplishments that make this person unique. All recommendations are kept confidential. After completing the form, please send the recommendation directly to Scholarship Funds, Jewish Federation of St. Joseph Valley, 3202 Shalom Way, South Bend, IN 46615.

**This recommendation must be received on or before April 14, 2017.**

**You may use the back of this sheet or attached sheets.**

Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

What is your relationship to the applicant?