

**THE HARVEY AND LILLIAN ROLAND  
SCHOLARSHIP FUND  
FOR INDIANA UNIVERSITY**



**UNDERGRADUATE  
APPLICATION  
2021**

**THE HARVEY AND LILLIAN ROLAND SCHOLARSHIP FUND  
JEWISH FEDERATION OF ST. JOSEPH VALLEY  
3202 SHALOM WAY, SOUTH BEND, IN 46615**

GENERAL INFORMATION CHECKLIST – UNDERGRADUATE 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 1, 2021** preceding the academic year for which funds are sought. **Any applications that are incomplete or missing documentation as of April 1, 2021 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.

- A. Application with no more than 500 word essay. This essay should include
  - o What would this Scholarship mean to you?
  - o What does being a member of the Jewish Community mean to you?
  - o What do you hope to gain from your college experience?
  - o How you plan to remain engaged in Jewish life through your college career?
- B. One Letter of Recommendation from a Teacher/Administrator or Counselor
- C. Two supporting letters of recommendation from non-relatives of applicant's choice (See forms.)
- D. Transcript of school record. Be sure the following are included:
  - 1. S.A.T. or A.C.T. scores
  - 2. Rank in class
  - 3. High school G.P.A.
  - 4. Record of attendance
- E. Financial aid information: Complete the applicant's budget form and have your parent or guardian complete the parental financial analysis. (See forms.) All financial aid information will be kept confidential and will be seen only by Scholarship Committee members.
- F. 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 HARVEY AND LILLIAN ROLAND SCHOLARSHIP FUND**

This application must be filled out and received by the Jewish Federation on or before **April 1, 2021**, preceding the academic year for which funds are sought.

Mail application to: **JEWISH FEDERATION OF ST. JOSEPH VALLEY SCHOLARSHIP FUND**  
**3202 SHALOM WAY**  
**SOUTH BEND, IN 46615**  
**Or email a PDF of your application to emilyb@thejewishfed.org.**

Please type:

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

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

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Phone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Signature of Family Member: \_\_\_\_\_  
(Family member must be a minimum \$18 donor to the Federation's Annual Campaign for application to be considered)

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

Degree sought and major: \_\_\_\_\_

List the referees to whom you are giving the reference forms to be completed. The referees should be one teacher, administrator, or counselor, and two personal. Select your referees carefully. It is the applicants responsibility to ensure all reference letters are submitted on time.

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

Address: \_\_\_\_\_  
(Street, City, State, Zip)

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

Address: \_\_\_\_\_  
(Street, City, State, Zip)

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

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Person financially responsible for your education:

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

Other circumstances that you consider as having an important effect on family status:

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

**THE HARVEY AND LILLIAN ROLAND SCHOLARSHIP FUND**

**Employment**

Please list your employment history, beginning with your current or most recent job or include a current resume.

Employer	Position	Dates	Hrs/week

**Awards and Honors**

Attach an additional sheet if necessary:

Award/Honor	Significance	Date received

**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	Hrs/month

**Extra-curricular Activities**

Attach an additional sheet if necessary:

Activity	Position held/honors received	Dates

**THE HARVEY AND LILLIAN ROLAND SCHOLARSHIP FUND**

This essay must be typed with a maximum of 500 words on this sheet or on an attached sheet. The subject should include

**What would a Scholarship mean to you?**

**What does being a member of the Jewish Community mean to you?**

**What do you hope to gain from your college experience?**

**How do you plan to remain engaged in Jewish life throughout your college career?**

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

**THE HARVEY AND LILLIAN ROLAND SCHOLARSHIP FUND**

**APPLICANT'S BUDGET AND PARENTAL FINANCIAL ANALYSIS**

A. Applicant's estimated budget for the full academic year.

<b>Expenses, School</b>		<b>Income</b>	
University tuition and fees	\$	Parental contribution	\$
Room and board	\$	Summer job earnings	\$
Books and supplies	\$	Expected school-year earnings	\$
Other	\$	University scholarships, grants	\$
<b>Total Expenses</b>	<b>\$</b>	<b>Other grant funds</b>	
		Other income:	
		1. Loans (estimated)	
		2.	
		3.	
		<b>Total Income</b>	

\*Please list all financial aid you have received from your college and other sources for the current academic year:

Source	Grant or Loan	Amount	Will you reapply?

How much additional financial aid are you requesting from the scholarship fund for the coming academic year (after your own and your family's contribution)? \$ \_\_\_\_\_

**THE HARVEY AND LILLIAN ROLAND SCHOLARSHIP FUND**

**Parental Financial Analysis** (to be filled out by parent or financially responsible party):

Parent (1) name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent (2) name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parents' marital status:

Parent (1): Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Parent (2): Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Family income (check appropriate range):

Under \$25,000 \_\_\_\_\_ \$25,000 - 35,000 \_\_\_\_\_ \$35,000 - 50,000 \_\_\_\_\_

\$50,000 – 65,000 \_\_\_\_\_ \$65,000 – 80,000 \_\_\_\_\_ \$80,000 – 95,000 \_\_\_\_\_

\$95,000 – 110,000 \_\_\_\_\_ Above \$110,000 \_\_\_\_\_

Number living in household: \_\_\_\_\_

Number in household attending college full time: \_\_\_\_\_

Any unusual medical or dental expenses not paid for by insurance?

\_\_\_\_\_

Any unusual circumstances (please explain):

\_\_\_\_\_

\_\_\_\_\_

Signed by: \_\_\_\_\_  
(Parent or Financially Responsible Party)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

**Teacher/Administrator or Counselor Recommendation for the  
Harvey and Lillian Roland 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 Harvey and Lillian Roland Scholarship Fund.  Signature _____
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*Please give this form, along with a stamped and addressed envelope to the person who will write in support of your application.*

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We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting a scholarship winner. 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, the recommender should give the recommendation to the applicant in a sealed envelope with his/her signature across the sealed flap, or you may 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 1, 2021  
You may use the back of this sheet or attached sheets.**

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

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_  
(Name) (Address) (Phone)



**Personal Recommendation for the Harvey and Lillian Roland 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 Harvey and Lillian Roland Scholarship Fund.  Signature _____
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**This recommendation must be received on or before April 1, 2021  
You may use the back of this sheet or attached sheets.**

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

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

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(Address) \_\_\_\_\_ (Phone) \_\_\_\_\_

**Personal Recommendation for the Harvey and Lillian Roland 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 Harvey and Lillian Roland Scholarship Fund.  Signature _____
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We would appreciate a statement based on your knowledge and observations of this candidate that will help us in our task of selecting a scholarship winner. 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, the recommender should give the recommendation to the applicant in a sealed envelope with his/her signature across the sealed flap, or you may send the recommendation directly to the Scholarship Funds, Jewish Federation of St. Joseph Valley, 3202 Shalom Way, South Bend, IN 46615.

**This recommendation must be received on or before April 1, 2021  
You may use the back of this sheet or attached sheets.**

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

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

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(Address) \_\_\_\_\_ (Phone) \_\_\_\_\_