

# The Craig and Carol Kapson Scholarship Fund

## Undergraduate Application 2022

*The Craig and Carol Kapson Scholarship Fund helps Jewish students from the Michiana area attend a non-religiously oriented university, college or technical institute in the US. The purpose of this fund is to support applicants who demonstrate personal motivation, character, and the ability to overcome challenges, leading to success and personal growth both during and after their educational experiences.*



## THE CRAIG AND CAROL KAPSON UNDERGRADUATE SCHOLARSHIP FUND

### General Information

This package contains the forms you will need to submit in order to be considered for the Craig and Carol Kapson Undergraduate Scholarship. Please fill them out carefully, and make sure everything that is required is included in your application, including your:

- Typed essay
- Financial aid form
- 3 References and supporting letters of recommendation
- List of activities and work experiences

**Please note that your completed application, including recommendation letters must be received in the Federation office by April 3, 2022; late or incomplete applications will not be considered for awards.**

Please mail, deliver, and or email your completed application to:

Moshe Kruger  
Executive Director  
The Jewish Federation of St. Joseph Valley  
3202 Shalom Way, South Bend, IN 46615  
mkruger@thejewishfed.org  
574-233-1164

**To qualify for this scholarship fund, a family member must be a minimum \$18 donor to the Federation's Annual Campaign.**

**Note** that any scholarship money you receive will be sent directly to your school's Financial Aid or Scholarship office in your name. You will be asked to provide the contact information for the appropriate office and your student ID number so the school can apply the funds directly to your account.

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

## **Specific Data**

The following should be included in the application:

A. A typed essay

The essay should not exceed 500 words.

B. Financial aid information

This information will be kept confidential by the Scholarship Review Committee.

C. Three references and supporting letters of recommendations

One letter must be from either a teacher, school administrator, or school counselor and two additional letters from someone who knows you on a personal level and who can attest to your character and abilities.

D. Activities form

This form should document any appropriate experiences you have related to:

- Work
- Awards and honors
- Community and volunteer involvement
- Extracurricular activities

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

**THE CRAIG AND CAROL KAPSON  
UNDERGRADUATE SCHOLARSHIP FUND APPLICATION**

Please type

Today's date: \_\_\_\_\_

School Year for which funds are sought: \_\_\_\_\_

**School Information (University, College, or Vocational Institution):**

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

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

Degree | Certificate | Area of Interest: \_\_\_\_\_

**Applicant Information:**

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

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

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

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Signature of Parent or Guardian: \_\_\_\_\_

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

## Essay

**Please tell us about yourself including some life experiences, what you've learned from these experiences, and what you hope to gain from furthering your education.**

Type your essay (500 word limit) in the space below. If you double-space, you can use both pages.

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

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

Essay continuation (if needed)

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

## Financial aid Information

Number of people living in household: \_\_\_\_\_

Number of other people besides applicant in household attending a higher education institution: \_\_\_\_\_

List extenuating medical expenses: \_\_\_\_\_

List other unusual expenses: \_\_\_\_\_

Parent (1) name \_\_\_\_\_

Parent (2) name \_\_\_\_\_

-OR- Person financially responsible for your education:

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

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

Signed by:

\_\_\_\_\_  
(Parent, Guardian, or Financially Responsible Party)

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

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

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

## References

Please list those who will be submitting a reference letter. One letter must come from either a teacher, administrator, or counselor, and two letters must come from personal acquaintances.

### Reference #1 from a teacher, school administrator or counselor

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

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

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

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

### Reference #2 from someone who can attest to your character and abilities

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

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

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

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

### Reference #3 from someone who can attest to your character and abilities

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

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

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

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

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



**Teacher/Administrator/Counselor/Personal Recommendation Form  
for the Craig and Carol Kapson Scholarship Fund**

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

(Last)

(First)

(Middle)

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

(Street)

(City)

(State)

(Zip)

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

*Please give this form, along with a stamped and self-addressed envelope to the person who will write in support of your application.*

**Reference's Name:**

\_\_\_\_\_

We would appreciate a typed 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 abilities and character. 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 email or give the recommendation to the applicant in a sealed envelope with your signature across the sealed flap so that the applicant can submit all the required elements of this scholarship application to the Jewish Federation.

**This recommendation must be received by the Jewish Federation on or before April 3, 2022.**

**Please make sure you include in your letter of recommendation:**

- your name and contact information,
- your title,
- your relationship to the applicant, and
- the date

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

## Activities Form

### Employment

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

| <i>Employer</i> | <i>Position</i> | <i>Dates</i> | <i>hours/week</i> |
|-----------------|-----------------|--------------|-------------------|
|                 |                 |              |                   |
|                 |                 |              |                   |
|                 |                 |              |                   |
|                 |                 |              |                   |

### Awards and Honors

Attach an additional sheet if necessary:

| <i>Award/Honor</i> | <i>Date received</i> |
|--------------------|----------------------|
|                    |                      |
|                    |                      |
|                    |                      |
|                    |                      |

### Community/volunteer Involvement

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

| <i>Organization/Activity</i> | <i>Position</i> | <i>Dates</i> | <i>Hrs/month</i> |
|------------------------------|-----------------|--------------|------------------|
|                              |                 |              |                  |
|                              |                 |              |                  |
|                              |                 |              |                  |
|                              |                 |              |                  |

### Extra-curricular Activities

Attach an additional sheet if necessary:

| <i>Activity</i> | <i>Position held/honors received</i> | <i>Dates</i> |
|-----------------|--------------------------------------|--------------|
|                 |                                      |              |
|                 |                                      |              |
|                 |                                      |              |
|                 |                                      |              |

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