

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

**GRADUATE
APPLICATION
2022**

The Neil and Leah Silver Advanced Degree Scholarship provides financial support for Jewish students from the Jewish Federation of St. Joseph Valley's service area to attend an accredited university graduate school program.

**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:

An applicant must be a Jewish student from our Federation service area, enrolling in or attending an accredited university graduate program. Both full-time and part-time students are encouraged to apply.

It is the applicant's responsibility to submit the compiled application and required materials to the Scholarship Committee on or before **April 3, 2022** preceding the academic year for which funds are sought. **Any applications that are incomplete or missing documentation as of April 3, 2022 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. A typed essay of no more than 500 words addressing your connection to the St. Joseph Valley Jewish community and your intended career goals as a result of obtaining an advanced degree.
- B. Three supporting letters of recommendation from non-relatives (see forms). At least one of the letters should be a recommendation from an undergraduate professor.
- C. Copy of official acceptance letter to University Graduate Program.
- D. Copy of undergraduate transcript. Be sure the following are included:
 - 1. All courses
 - 2. Undergraduate Overall G.P.A.
 - 3. The college degree you received and your major
 - 4. The date degree received or anticipated date
 - 5. Any awards and/or honors associated with your undergraduate studies
- E. 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.
- F. Acceptance of any awarded scholarship indicates an agreement by recipient to attend the university indicated.

THE NEIL AND LEAH SILVER ADVANCED DEGREE SCHOLARSHIP

FUND Application must be filled out and submitted before **April 3, 2022**, 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 sheria@thejewishfed.org.

Please type. Handwritten forms are not accepted:

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

Name: _____ Email: _____

Address: _____
(Street, City, State, Zip)

Primary Phone Number _____ Date of Birth: _____

Signature of Applicant: _____

Name of University you attend or plan to attend: _____

Degree sought and field of study: _____

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

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/Partner'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 & 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 _____

<p>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.</p>	<p>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.</p> <p>Signature _____</p>
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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. Please address your knowledge of the candidate and your thoughts and assessment of their graduate school plans. We would be grateful for your insight into the candidate's intellectual and personal promise, and the qualities that make this person particularly appropriate for graduate study and our support. 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 3, 2022.
You may use the back of this sheet or attached sheets.**

Reference 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

<p>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.</p>	<p>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.</p> <p>Signature _____</p>
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Recommendation for the Neil and Leah Silver Advanced Degree Scholarship Fund

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(Last) (First) (Middle)

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