# THE NEIL AND LEAH SILVER ADVANCED DEGREE SCHOLARSHIP FUND

# GRADUATE APPLICATION 2021

#### 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.

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. 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.
- B. 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.
- 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
  - 4. The date degree received or anticipated date
  - 5. Awards or Honors
- 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 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 1, 2021**, 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.

Email: Date of Birth:  to attend:
Date of Birth:
Date of Birth:
to attend:
i to attend.
ng the reference forms to be completed. Select your referees
Phone #
Phone #
Phone #

Your mari	tal status:				
Single	Married	Widowed	Divorced	Separated	
Spouse's r	name (if applic	able):		DOB:	
Occupatio	n/Industry:				
INCOME	,				
Under \$25,000 - \$65,000 -	_	-	te range):		
If yes, plea	ase list names a	•		responsibility: Yes N	No
				e, etc.):	
CURREN		S (fill in applicab			
Housing:	Own Re	ent			
Monthly F	Rent/Mortgage	Payment:		_	
Average N	Monthly Utilitie	es (include Condo	o/Association fe	es):	
Monthly C	Car Payments:				
Total Cred	lit Card Debt: _				
Total Stud	ent Loans:				
				alt dependents, etc.):	

# GRADUATE PROGRAM FINANCES

<b>Expenses:</b>			
Annual tuition and	l fees:		
Room and board (	if applicable):		
Books and supplie	es:		
Other expenses: _			
Academic Income:			
University scholar	rships, grants:		
Other sources of g	grants/income:		
	ur annual employment income ent? Yes No U		sult of your
Please explain your answ	er:		
Employment Please list your employn (use extra paper if necess	nent history, beginning with yary).	your current or mos	t recent job
Employer	Position	Dates	Hrs/Wk

Attach an additional sheet if neo	cessary:			
Organization/Activity		Award/Honor		Dates
Community/Volunteer Involve				
Please list your major voluntee			e Jewish and g	general
communities. Attach an addition	onal sheet if	f necessary:		
Organization/Activity	Position		Dates	Hours/month
8				
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Applicant's Budget and Finan	cial Analy	cic		
Applicant's Duuget and Finan	iciai Aliaiy	515		
Calcal E	<u> </u>	T		
<b>School Expenses</b>		Income		
University tuition and fees	\$	Parental	contribution	\$
Room & board (if applicable)	\$	Job earn	ings	\$
Books and supplies	\$	Expected	d school-year	\$
Other	\$		ty scholarships	\$, \$
Total	\$	Total		\$

Signature:	Date:
Signature.	Date.

# Recommendation for the Neil and Leah Silver Advanced Degree Scholarship Fund

cant Name(Last)	(First)	(Middle)
ess:	(0:)	(7: )
(Street)	(City)	(State) (Zip)
Number		
The Family Education Rights Act of 1974 provide that you your right to see recommendatindicate by checking the apprand signing your name wheth wish to waive this right.	may waive access that I that are submopriate phrase er or not you access that I that are submopriate phrase er or not you access that I that are submopriate phrase er or not you	e do not waive any right of may have to recommendations mitted in conjunction with the ah Silver Advanced Degree Fund.
Please give a copy of the follow to each of the three references	who will write in support of	your application.
We would appreciate a statemed candidate that will help us in o comments on the applicant's ir examples of the personal quality. All recommendations are kept recommendation directly to Sc	ent based on your knowledge ur task of selecting scholarsh tellectual and personal promities and accomplishments the confidential. After completing tholarship Funds, Jewish Fed	and observations of this ip recipients. We would like ise. Most helpful are specific at make this person unique.
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### Recommendation for the Neil and Leah Silver Advanced Degree Scholarship Fund

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(	(Last)	(First)		(Middle)
ess:				
(Street)		(City)	(State)	(Zip)
e Number				
Act of 1974 property your right to so indicate by che	ducation Rights and Provide that you may we recommendations. ecking the appropriate our name whether or rethis right.	vaive access to that are that are not you access to that are Scholar	waive do not what I may have to result a submitted in conjurted Leah Silver Advantship Fund.	ecommendation ction with the
0	opy of the following fo	0	•	•
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# Recommendation for the Neil and Leah Silver Advanced Degree Scholarship Fund

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Addres	(Street)	City)	(State) (Zip)
Phone 1	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.	access that I may that are submitte	
	Please give a copy of the following form, ale to each of the three references who will writ		
		our knowledge and ecting scholarship repersonal promise. In polishments that make the completing	observations of this ecipients. We would like Most helpful are specific ake this person unique. e form, please send the
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What is your relationship to the applicant?