

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

**GRADUATE  
APPLICATION  
2023**

*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. This Scholarship is available to full-time and part-time students.**

It is the applicant's responsibility to submit the compiled application and required materials to the Scholarship Committee on or before **April 5, 2023** preceding the academic year for which funds are sought. **Any applications that are incomplete or missing documentation as of April 5, 2023 will not be considered. It is the applicant's responsibility to ensure all documents from third parties are received by the deadline.**

**Instructions:**

The following should be included in the application:

- 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 people who know you and can share an informed assessment of your past experience and future potential. Please do not ask a relative to write a recommendation. At least one of the letters should be a recommendation from an undergraduate professor. At least one of the letters should be a recommendation from an undergraduate professor (for applicants who graduated more than 8 years ago, an employer recommendation may suffice).
- C. Copy of official acceptance letter to an accredited 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/anticipated date of your undergraduate degree
- E. Financial aid information complete the applicant's budget form. All financial aid information will be kept confidential and will be seen only by Scholarship Committee members and the Jewish Federation administrative staff.
- F. Acceptance of any awarded scholarship indicates an agreement by recipient to attend the university graduate program indicated in the application.

## THE NEIL AND LEAH SILVER ADVANCED DEGREE SCHOLARSHIP FUND

Application must be filled out and submitted before **April 5** 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](mailto: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: \_\_\_\_\_

Graduate 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 marital status:

Single\_\_\_\_ Married/Partnered\_\_\_\_ Widowed\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_

- Spouse's/Partner's name (if applicable): \_\_\_\_\_ DOB: \_\_\_\_\_

- Please provide information about your spouse's/partner's work (employer, nature of work, position/title)\_\_\_\_\_

## **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 and indicate if these are particularly related to the Jewish community.. 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 or other family contribution (please identify source)	\$
Room & board (if applicable)	\$	Job earnings	\$
Books and supplies	\$	Expected school-year earnings	\$
Other	\$	University scholarships, grants	\$
<b>Total</b>	\$	<b>Total</b>	\$

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 provides 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 my application to 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, inserting your name as indicated, along with a stamped and addressed envelope to each of the three references who will write in support of your application.*

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The above-named individual is applying to the Neil and Leah Silver Advanced Degree Scholarship Fund. Your assessment is an important part of the application. Please share your thoughts about the candidate's intellectual and personal qualities that make them particularly likely to succeed in their graduate school plans. We are especially interested in your knowledge, experience and observations of the applicant as they inform your assessment. 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 5, 2023.  
You may use the back of this sheet or attached sheets.**

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

Signature \_\_\_\_\_

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

What is your relationship to the applicant (that is, how do you know them, and for how long)?

\_\_\_\_\_

**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 provides 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 my application to 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**

Applicant Name \_\_\_\_\_  
(Last) (First) (Middle)

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

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