

# ***The Berol-Shindell Scholarship***

Hillel Foundation for Jewish Life  
at the University of Washington

The Berol-Shindell Scholarship was established to provide tuition scholarships to Jewish students in financial need who are currently attending or entering the University of Washington. Scholarship amounts vary depending upon the overall financial needs of those applying.

The following questions should be read carefully. The general background information assists the committee in making decisions. If space provided on this application is insufficient, additional sheets may be attached. Please type or print your responses legibly.

**DEADLINE: Application and all requested tax information must be postmarked/submitted by May 1, 2010 in order to complete this application and be considered for an interview!**

*\*\* (please feel free to make copies of this application) \*\**

1. Name of Applicant \_\_\_\_\_

2. Permanent Address \_\_\_\_\_  
street

\_\_\_\_\_ City State Zip

3. Permanent Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

4. Phone Number (where you can be reached): \_\_\_\_\_

5. State of Residency: \_\_\_\_\_

6. Your Current Address at School \_\_\_\_\_

\_\_\_\_\_ street Phone  
City State Zip

7. Name of Current School \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

8. Place and Date of Birth \_\_\_\_\_  
City State Country Month/Day/Year

9. How did you learn of the Berol-Shindell Scholarship? \_\_\_\_\_  
\_\_\_\_\_

10. Have you ever applied for the Berol-Shindell Scholarship before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

11. Religious affiliation \_\_\_\_\_

Synagogue or Temple \_\_\_\_\_

12. Have you been accepted to the University of Washington? \_\_\_\_\_ Are you a current student at the UW? \_\_\_\_\_

Begin Date: \_\_\_\_\_ Expected date of Graduation: \_\_\_\_\_

13. Major(s) or Intended Major(s) \_\_\_\_\_

# SCHOOL INFORMATION

	Name	Location	Dates Attended	GPA	Degrees received or Expected
High School					
Junior or Community College					
Undergraduate College					

# BIOGRAPHICAL INFORMATION

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Number of dependents, if any \_\_\_\_\_ Ages \_\_\_\_\_

Relationship to you \_\_\_\_\_

Your Father's Name \_\_\_\_\_ If deceased, give year of death \_\_\_\_\_

Home address, if different from yours:  
\_\_\_\_\_

What is your father's occupation? (If retired or deceased, give former occupation) \_\_\_\_\_

Graduate of what college(s), if any? Undergrad \_\_\_\_\_ Graduate Degree \_\_\_\_\_

Your Mother's Name \_\_\_\_\_ If deceased, give year of death \_\_\_\_\_

Home address, if different from yours:  
\_\_\_\_\_

What is your mother's occupation? (If retired or deceased, give former occupation) \_\_\_\_\_

Graduate of what college(s), if any? Undergrad \_\_\_\_\_ Graduate Degree \_\_\_\_\_

If someone other than your father or mother financially assists you, (i.e. stepparents, grandparents) give the following information:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

What is his/her occupation? \_\_\_\_\_

Type and amount of support \_\_\_\_\_

List below the names and ages of your siblings. Please state school or employment (if applicable).

Name	Age	School or Employment	Name	Age	School Or Employment

List any other family member(s) who reside at the home address and their relationship to you:

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### WORK HISTORY

Name of Company	Your Job Title	Number of Hours/Week	Salary	Dates of Employment

How have you primarily used the funds you have earned from employment?

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### Community Service

Name of Organization	Type of Service Performed	Dates of Service

### PERSONAL REFERENCES

Please give the names and addresses of 2 people who know you personally. One reference should be from your school or work and one from the Jewish Community.

Name	Address: street, city, state, zip	Title or Position	Years Known	What is your association with this person

Is there any other information about yourself or your family situation you would like us to know?

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# FINANCIAL INFORMATION

1. Please explain how you are currently, or are planning to, finance your education.

Source	Amount	Source	Amount

2. The Berol-Shindell Scholarship Committee at Hillel expects you to apply for financial aid from your school and all other sources available to you. Please list all sources to which you have applied or expect to apply and amounts requested or expected. Include any state or federal grants for which you are eligible.

Source	Amount	Source	Amount

3. Have you submitted the FAFSA form ? \_\_\_\_\_

4. What is your financial aid package from the UW? \_\_\_\_\_

## PARENT-GUARDIAN OR SPOUSE INFORMATION

FOLLOWING TO BE COMPLETED BY PARENT, SPOUSE OR PERSON RESPONSIBLE FOR APPLICANT'S SUPPORT

1. **Current 1040 form(s) supporting the information below must be submitted to complete this application.**
2. **If parents are divorced, 1040 forms from both parents must accompany the application form.**
3. **Applications not accompanied by complete 1040's (ALL PAGES & SCHEDULES) will not be considered.**
4. **Submit a copy of your FAFSA.**
5. **If you did not file taxes, you must include documentation showing why, including copies of all schedules for last tax year. Failure to include sufficient documentation will result in forfeiture of consideration.**

Parental Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Annual Gross Income in 2009 \$ \_\_\_\_\_ Annual Net Income in 2009 \$ \_\_\_\_\_

Do you have a trust fund? \_\_\_\_\_ If yes, amount \$ \_\_\_\_\_

Please indicate other family resources and amount (i.e. savings, stocks, bonds, real estate other than family residence, other investments)

Amount of applicant's savings and OTHER ASSETS \$ \_\_\_\_\_

List any independent resources of applicant and amount other than savings indicated: \$ \_\_\_\_\_

Model and year of applicant's car (if any) \_\_\_\_\_

I have read all the statements on this Application Form including those completed by the applicant. All financial information submitted with this application is true and accurate to the best of my knowledge.

Signature of parent, guardian or spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Hillel Foundation for Jewish Life at the University of Washington  
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