The Berol-Shindell Scholarship

Hillel Foundation for Jewish Life at the University of Washington 4745 17th Ave NE, Seattle, WA 98105 ~ (206) 527-1997 ~ www.hilleluw.org

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 available funds for distribution and 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. This application can be returned in person, by USMail, or by email to **info@hilleluw.org**

Confidentiality: Information provided will be reviewed exclusively by the scholarship committee. Please remember to remove all social security numbers from all submitted documents and never send your social security number via e-mail.

DEADLINE: Application and all requested tax information must be postmarked/submitted by May 12 2023 in order to be considered for an interview!

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

SECTION A – Student Applicant Information

1. Name of applicant:			
2. Permanent address:Street	City	State	Zip
s. Permanent phone #:	Email:		
. Phone number (where you can be reached):			
. What is your preferred method of contact? Email or p	hone?		
. State of residency:			
Y. Your current address at school:Street	City	State	Zip
Phone:	·		·
. Where do you plan on living next school year?		/llome down off come	0 ()
. Whole do you plan on living how concer your.		(Horne, dorm, on camp	us, Greek, etc.)
. Name of current school:			
O. Place and date of birth: City 1. How did you learn of the Berol-Shindell Scholarship	State	Expected graduation date:	Month/Day/Year
Name of current school: O. Place and date of birth: City 1. How did you learn of the Berol-Shindell Scholarship.	State ?	_ Expected graduation date:	Month/Day/Year
O. Place and date of birth: City	State ?	_ Expected graduation date:	Month/Day/Year
O. Place and date of birth: City 1. How did you learn of the Berol-Shindell Scholarship 2. Have you ever applied for the Berol-Shindell Scholarship	State ? urship before?	Expected graduation date: Country What was your award?	Month/Day/Year

Start date:	E	Expected date of grad	duation:		
15. Major(s) or intended ma	ajor(s):				
	SCH	HOOL INFO	ORMATION		
High School	Name	Location	Dates Attended	GPA	Degrees received of Expected
Junior or					
Community College					
Undergraduate College					
	BIOGR	APHICAL I	 NFORMATIC	N	
Marital status: Single	Married	Divorced	Separated _		
Name of spouse:		S	Spouse's occupation:		
Number of dependents, if a	ny Ages:				
Relationship to you:					
Your father's name:			If deceased, g	ive year of	death:
Home address, if different f	rom yours:				
	Street	City		State	Zip
What is your father's occup	ation? (If retired or decea	sed, give former occu	upation)		
Graduate of what college(s), if any? Undergrad/Degi	ree	Gradua	te/ Degree_	
our mother's name			If deceased, give y	ear of deat	th
Home address, if different f	rom yours:				
	Street	City		State	Zip
What is your mother's occu	pation? (If retired or dece	ased, give former occ	cupation)		
Graduate of what college(s)), if any? Undergrad/Deg	ree:	Graduate	/ Degree: _	
f someone other than your	father or mother financial	ly assists you, (i.e. st	ep parents, grandparents) ç	give the follo	owing information:
Name:		Re	lationship to you:		

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:

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?

COMMUNITY SERVICE

Name of Organization	Type of Service Performed	Dates of Service

PERSONAL REFERENCES

Please give the names and addresses of two 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
				•

If there are extenuating family circumstances not addressed in this application, please attach a brief note to the application (can be from applicant or parent).

FINANCIAL INFORMATION

1. Please explain how you are currently, or are planning to, finance your education. 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			
2.	Have you submitted the FAFSA form?	? E	Expected Family Contribution (EFC)?				
3.	Have you received an estimate from F	FAFSA? If so	, what is the contribution amount:				
4.	What is your financial aid package fro	m the UW? _					
5.	 If currently a UW student, what financial aid and scholarships have you previously received? Include any scholarships that you have applied for and expect to receive this coming year. 						
6.	What is the total amount of your savin	igs or other a	ssets? \$				
7.	What is your (the applicant) current de	ebt amount a	nd/or loan balance of student loans: \$				

Note: If you receive a financial aid package or scholarship after you have submitted this application, please notify the Hillel administration.

SHORT ESSAY

1. Please write a short essay explaining why you are applying for the Berol-Shindell Scholarship. Include any relevant information that the review committee should know about your personal situation, bearing in mind Berol-Shindell is a need-based scholarship (please use a separate piece of paper and attach the essay to the application.)

SECTION B – 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.
- 6. Applicant or parent may submit an optional one page statement to supplement the financial information or explain any extenuating circumstances.

Parental marital status: Single	Married	Divorced	Separated				
Annual gross income in 2021\$Annual Net Income in 2021\$							
Does the applicant have a trust fund, see Please describe and provide balance	information.						
Please indicate other family resources family residence, and other investmen		and amount (i.e. savings	s, stocks, bonds, real estate o	other than			
List any independent resources of app	olicant and amount oth	er than savings indicated	l: \$				
Model and year of applicant's car (if a	ny):						
What is your (the parents) current deb							
, , ,							
I have read all the statements on this a submitted with this application is true a			the applicant. All financial in	formation			
Signature of parent, guardian or spous	se		Date				
Signature of applicant			Date				

Note: If you are contacted for an interview, please come prepared to discuss your financial situation.