Dear Applicant:

Due to the large number of applicants, it is imperative that your application be completed in full, including the submission of 4 separate copies for each committee member. Any portion missing can lead to automatic disqualification.

Please use this checklist as a guide to make sure you’ve completed the application in its entirety by May 1, 2020:

- Commitment from Applicant
- Student Itemized Fact Sheet
- Application, including:
  - Pages 2 & 3 (completed by applicant)
  - Applicant Essay (500 Words)
  - Pages 4 & 5 (filled out by parent)
  - W-2 and 1099 forms
  - 1040 forms (first two pages) – 2019
  - Schedule C if self-employed

Failure to submit requested information will cause the Committee to be unable to process your application.

For any questions about the Hildegard & Sidney Schonfeld College Scholarship Fund, please contact Aaron Atlas at 201.408.1484, aatlas@jccotp.org.

By May 1, 2020, PLEASE MAIL OR DELIVER FOUR copies all of the material requested to:
Kaplen JCC on the Palisades
411 East Clinton Avenue
Tenafly, NJ 07670
Attention: Aaron Atlas

Sincerely,
Aaron Atlas
Director, Youth and Camping Engagement
Dear Members of the Committee:

I acknowledge that if I become a recipient of a college scholarship award from the Hildegard & Sidney Schonfeld Jewish Community College Scholarship Fund, I hereby make a firm commitment to contribute to, and help perpetuate this Fund when I am gainfully employed.

(Signature)  (Date)
HILDEGARD & SIDNEY SCHONFELD
Jewish Community College Scholarship Fund

STUDENT ITEMIZED FACT SHEET

Applicant Name: _______________________________________

College: ____________________________________________

Field of Academic Interest: ________________________________

Total Cost: $________ Tuition: _____________________________

Room: _______________ Board: ___________________________

Scholarships Awarded: ________________________________$ __________

_________________________ ____________________________ $ __________

Loans Accepted: ______________________________________

Other: ________________________________________________

_________________________ ____________________________

Sibling(s): DOB(s): Private School(s) or
college(s) sibling(s) is/are attending

_________________________ ___________ ____________________

_________________________ ___________ ____________________

_________________________ ___________ ____________________

_________________________ ___________ ____________________

_________________________ ___________ ____________________

_________________________ ___________ ____________________
APPLICATION (to be filled in by applicant) Date: ______________

PERSONAL HISTORY

Name________________________________________Date of Birth________

Address_____________________________________City/St/Zip__________________

Email________________________________________

Home Phone____________________Cell Phone____________________

PARENT/GUARDIAN 1

Name________________________________________

Email________________________________________

Home Phone____________________Cell Phone____________________

Address_____________________________________City/St/Zip__________________

Occupation________Employer________

Work Address____________________City/St/Zip__________________

Work Phone____________________

PARENT/GUARDIAN 2

Name________________________________________

Email________________________________________

Home Phone____________________Cell Phone____________________

Address_____________________________________City/St/Zip__________________

Occupation________Employer________

Work Address____________________City/St/Zip__________________

Work Phone____________________
JEWSH EDUCATION AND INVOLVEMENT

Schools

Synagogue

Organizations

EDUCATION

Current School

Grade

Grade point average or ranking for last two years (attach transcript)

Extra-curricular activities and positions held

COLLEGE INFORMATION

List all loans for which you have applied, including the amounts of each:

How did you hear about this college scholarship fund?
BIOGRAPHICAL ESSAY – REQUIRED.

Failure to submit will render the committee unable to consider your application.

On a separate sheet, in approximately 500-600 type written words, please describe yourself, your Jewish identity, your long-term career goals and how this scholarship will help you.
(to be filled in by parent/guardian)

Parent/Guardian 1 Name

Parent/Guardian 2 Name

Please attach copies of W-2 and 1099 Forms for 2019. Please attach copies of the first two pages of the 1040 returns and schedule if self-employed.

FAILURE TO SUBMIT REQUESTED TAX INFORMATION WILL CAUSE THE COMMITTEE TO BE UNABLE TO CONSIDER YOUR APPLICATION

Total yearly family income (2019)

Anticipate total family income for current year (2020)

Other family assets (list all non-qualified accounts – mutual funds, stocks, bonds)

List all qualified accounts, IRA’s pension plans (mutual funds, stocks, bonds)

529 plans, checking and savings accounts

Do you own your home? YES_______ NO_______

Approximate market value of home

Mortgage and/or home equity loan due on home

Monthly payment on mortgage

Do you rent a home or apartment? YES_______ NO_______
Monthly rent

Do you, or any affiliate of yours, own any other properties? If so, please provide details.

If applicable, amount of child support and/or alimony

Does the family have any unusual financial obligations and if so, what are they? Are there any additional comments you would like to make? Please use this space.

I HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT OMITTED ANY MATERIAL INFORMATION.

Signature

Date

Relationship to the applicant