

## 2019-2020 JFS- David Rubenstein Memorial Scholarship Guidelines, Criteria and Application

### Application postmark deadline April 24, 2019

The JFS-David Rubenstein Memorial Scholarship is a private scholarship program established by Dr. Robert Rubenstein in memory of his son David. The program annually grants between 15-20 scholarships of up to \$2,500. The JFS-David Rubenstein Memorial Scholarship seeks to encourage young people to treasure their Jewish heritage, reflect on their Jewish values, and better understand their connection to the community.

#### Scholarship Eligibility Requirements

- Applicant is Jewish, and has been a legal and permanent resident of San Diego County for at least two years prior to submitting the application
- U.S. Citizen or documented legal permanent U.S. resident (green card)
- Plan to attend school full-time at an approved college, university, technical, or vocational school in the United States in the Fall of 2019
- Minimum 3.0 or better GPA
- Demonstrated financial contribution towards education (e.g. through part-time work).

#### **Application Requirements**

Applications are complete and valid only when <u>ALL</u> documents have been submitted in <u>one</u> package. Please do not staple documents together. Incomplete applications will be disqualified. Verify that you have enclosed the following information before you mail your application:

- Completed <u>typed</u> Application Form
- Copy of your most recent transcripts.
- Essay: Submit a 500-1,000 word, 12-point Times New Roman font, double-spaced essay on <u>one</u> of the following topics:
  - Discuss a special attribute or accomplishment that sets you apart.
  - Choose a person or persons you admire and explain why.
- Letters of Recommendation: Submit two letters of recommendation from a non-family member. Note: Letters should be on official letterhead and must contain the writer's full name, title, address, phone number and email address. Please be certain that the letter is current and addressed to the Scholarship Committee.
- Income Tax Return (Form 1040): Submit a copy of the first two pages of the 2017 tax return. A student's status as dependent or independent will be based on the guidelines set forth by the College Scholarship Service. For a student age 24 or younger, to have "independent" status, the student's parents cannot have claimed him or her as "dependent" on their Income Tax Returns for the two (2) years prior to the year of college attendance. If parents are divorced, income tax forms from both parents are required. Adjusted gross family income cannot exceed \$100,000 for families with three or more children, \$90,000 for families with two children, and \$80,000 for families with one child.
- Financial Aid/Student Loans: Submit a copy of the School Financial Aid Award Notice as well as copies of the College Scholarship Service's Student Aid Report (SAR) and documentation of determinations regarding federal, state, and private aid, as soon as they become available.

#### Fillable PDF Instructions

- Before you begin, ensure that you have the most recent version of Adobe Acrobat Reader. The most current version can be downloaded for free from the Adobe® Web site.
- To download the file directly to your computer, right click on the link, then select "save link as" or "save target as" from the dropdown options. Make a note of the location on your drive and the name of the file being saved so you can locate it later.
- There is no computation, validation or verification of the information you enter. Some information, such as signatures are required to be handwritten on the form.

#### Selecting Scholarship Recipients

- The JFS-David Rubenstein Memorial Scholarship recipients are carefully chosen based on a variety of criteria by the Scholarship Committee. All applicants will be notified in writing of the JFS-David Rubenstein Memorial Scholarship Committees decision.
- Students are eligible to receive up to a total of four (4) years of the JFS-David Rubenstein Memorial Scholarship funding, and the funding years do not have to be consecutive. Scholarships are made on a year-to-year basis and are NOT automatically renewed. Scholarship recipients must submit a new application and the required documentation in compliance with the application deadlines, stated herein, for each year that they seek funding.
- Jewish Family Service reserves the right to publicize the names of the Scholarship recipients through our website, print publications, and local media.

#### Scholarship Disbursement

- Scholarship funds can be used only to fund college tuition and/or related expenses.
- You must submit a copy of your fall 2018 transcript.
- You are expected to write a thank-you letter to the donor(s) of your scholarship and to attend a Recognition and Appreciation brunch in December 2019.

#### Mail Completed Application and Supporting Documents To

Jewish Family Service of San Diego JOAN & IRWIN JACOBS CAMPUS Turk Family Center 8804 Balboa Avenue San Diego, CA 92123-1506

Attention: Rubenstein Scholarship

Questions? Contact Nancy Eisenberg at scholarship@jfssd.org or (858) 637-3037.

## Application postmark deadline April 24, 2019



# 2019-2020 JFS- David Rubenstein Memorial Scholarship Application

# APPLICANT INFORMATION Full Name: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Phone: \_\_\_\_\_\_\_E-Mail Address: \_\_\_\_\_\_ Permanent Home Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you a U.S. citizen or legal resident? Tyes No Number of years lived in San Diego County: How did you hear about the Scholarship Program? Have you ever received a JFS-David Rubenstein Memorial Scholarship? ☐ Yes ☐ No If yes, please complete the returning applicant application. Please describe your involvement with Jewish communal activities (including dates and offices held): **CURRENT ACADEMICS** School Name: School Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cumulative GPA (UNWEIGHTED on 4.0 scale): \_\_\_\_\_\_ Cumulative GPA (WEIGHTED with AP, IB and honors classes): Please list your extracurricular activities (including dates and offices held): Please list awards and honors you have received (including dates):

If you were unable to participate in activities, explain the reason(s) and how you otherwise spent your time:

FALL 2019 EDUCATIONAL PLANS							
School Name:							
School Address:							
	State: Zip:						
I will: 🗌 live on campus 🔲 live off campus 🗌	commute from home						
If school is a public institution, applicant will pay	: 🔲 in-state resident tuition 🏻 🔲 out-of-state-tuition						
Degree sought:	ought: Major or course of study:						
If you haven't been accepted to a college, pleas	e list the colleges you have applied to:						
1 <sup>st</sup> Choice:	2 <sup>nd</sup> Choice:						
Choice:4 <sup>th</sup> Choice:							
APPLICANT CURRENT EMPLOYMENT							
includes unpaid internships to get experience	ce with your most recent listed first. Work experience in a career field.  Dates of Employment: to						
	Monthly Earnings: \$ Hours/week:						
If you did not work, what did you do?							

ESSAY: Submit a 500 - 1,000 word essay on <u>one</u> of the following topics:
Discuss a special attribute or accomplishment that sets you apart.
Choose a person or persons you admire and explain why.

GENERAL FAMILY INFORMATION	NC							
Marital Status: $\square$ Married $\square$ S	ingle, Never Ma	rried 🗆 Widov	ved 🗆 Ren	narried 🗆 D	omestic Partners			
☐ Separated ☐ Divorced (if divo	orced or separate	ed, complete c	juestions a th	rough e)				
a. Date of divorce or separation (month and year):								
b. Custodial parent: ☐ Mother	Custodial parent: 🗆 Mother 😊 Father 🗀 Joint Custody 🗀 Custodial parent has remarried							
c. Who claimed applicant as a ta	Who claimed applicant as a tax dependent for 2018? □ Mother □ Father							
d. How much will each parent pa	ay for 2019-20 cc	llege expense:	s?					
Mother \$ F	ather \$							
. Permission to contact: □ Parent/Guardian 1 □ Parent/Guardian 2 □ Both								
Total # of individuals residing in h	ousehold in 201	8 (including yo	u, parents, si	blings and oth	ners):			
Number of family members in ho	usehold attendir	ng college in Fa	all 2019, INC	LUDING you: <sub>-</sub>				
f. List family members in househ	old currently at	tending college	e Fall 2019 ar	nd school, EXC	CLUDING you.			
DA DENIT/CLIA DOLANI/CDOLICE I	NICODNANTIONI							
PARENT/GUARDIAN/SPOUSE I		Г	_:1.					
	Relationship to applicant: Email: Email: Name: Phone:							
	ame: City							
☐ Own ☐ Rent Monthly Payme								
		Occupation:						
Work Phone: Salary: \$								
List other income (per month): Social Security \$ VA Benefits \$ Rental Income \$ Investments \$ Worker's Comp/Disability \$ _								
				•				
	Other:							
	Email: Phone:							
Address:								
☐ Own ☐ Rent Monthly Payme		-			•			
· •		Occupation: Salary: \$						
· ·	-							
				·	-			
Retirement \$	_ Other							

Students will be required to report income information from an earlier tax year. For example, on FASFA for 2019-20 academic year, students (and parents, as appropriate) will report their 2017 income information, rather than their 2018 income information. Have you submitted a Free Application for Federal Student Aid (FAFSA)? No, but I plan to apply No, and I do not plan to apply ☐ Yes If you do not plan to submit the FAFSA, please briefly explain why: If you have submitted your FASFA and have received your Student Aid Report (SAR), please enter your Expected Family Contribution (EFC) here: \$ If you have any financial circumstances or need(s) that are not evident from the financial information such as recent changes in finances, personal or family hardship or other financial challenges, please briefly explain below: BUDGET INFORMATION - List applicant's 2019-2020 school expenses and resources. Resources Expenses for 2019-20 school year for 2019-20 school year Parent(s)/Family Assistance Tuition/Fees Room and Board Trusts/Inheritances/Investments **Book and Supplies** Savings \$ Travel Employment Grant or Scholarship Awards Other (please detail) \$ Aid, Stipends, Fellowships Work Study Loans (Parent Plus, etc.) Total Resources **Total Expenses** TOTAL BUDGETED NEED (Expenses minus resources) I acknowledge all scholarship decisions are final. I certify I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any award granted. Applicant's Signature: