

Henry E. & Joan H. Stone Family College Scholarship Fund Application

The purpose of this fund is to provide one or more annual college scholarships for selected students. The selection shall favor children of recent immigrants, whose parent(s) are members of Congregation Beth David. Children from the general membership may also be considered for scholarships.

The scholarship recipient must be accepted at a fully accredited college or university within the United States or Israel that offers at least a Bachelor of Arts or equivalent degree for four years of coursework. The award of a scholarship in any one year does not automatically entitle the recipient to renewal of the award. Students are invited to reapply each year.

The criteria considered for awards are based on your immigration, financial need, your scholarship record and aptitude, essay evaluation, as well as your synagogue and school activities.

A minimum of \$2,000 will be awarded for each scholarship.

This application is due to the Congregation Beth David office by June 30, 2023. You will be notified of the award decision by July 28, 2023.

Student's name: _____

Parent's names: _____

Are your parents/you members of Congregation Beth David? ☐ Yes ☐ No

Date of Birth: _____

Mailing Address: _____

Telephone: _____ E-Mail Address: _____

Country of Birth: _____

If outside the USA, when did you enter the USA? _____

If born in the USA, when and from where did your parents enter the USA? _____

School Attending _____

Graduation Date _____ GPA _____

College attending: _____

List your current extracurricular activities:

1. _____ 2. _____

3. _____ 4. _____

This is also a need-based scholarship. Please tell us the following information:

Number of people in parent's household: _____

Total annual income of Family

Please Check: ☐ \$50-\$100K ☐ \$100-\$150K ☐ Greater than \$150K

Do your kids have a 529 college saving plan? ☐ Yes ☐ No

If so, what is the amount? _____

Have you applied for FAFSA (Federal Aid for Scholarship Assistance) ☐ Yes ☐ No

Are you receiving other financial aid? ☐ Yes ☐ No

Grants: \$ _____

Loans: \$ _____

Please complete the following for your siblings:

Name	Age	School	Tuition Costs

Other dependents in your parent's household? Yes No

Name	Relationship

As part of the application, please submit a half to one full page essay answering the following question: How has your connection to Judaism or Israel influenced your decisions so far and in your future plans?

I understand that if I am awarded a scholarship, I will have to submit proof that I am enrolling in an accredited four-year college in the USA or Israel. I understand that any scholarship awarded will be revoked if any information submitted is false.

Signature: _____

Date: _____