



Jewish Federation[®]
OF THE BERKSHIRES

THE **STRENGTH** OF A PEOPLE.
THE **POWER** OF COMMUNITY.

COLLEGE SCHOLARSHIP APPLICATION

The Henry Simkin and Frances Simkin Schiller and Dr. Stanley and Faye Simkin Scholarship Fund

Eligibility: Any graduating high school senior who has demonstrated high academic scholarship as well as leadership and participation in the Berkshire Jewish Community may apply. To be considered, student's family must be a current contributing donor to the Jewish Federation of the Berkshires.

DEADLINE: APRIL 14, NO EXCEPTIONS

PLEASE PRINT AND USE A PEN. APPLICATION MUST BE LEGIBLE TO BE CONSIDERED

Name: _____ **Age:** _____

Address: _____

Email: _____ **Telephone:** _____

Name of parent(s) or guardian(s): _____

Father's (guardian's) occupation: _____

Place of employment: _____

Mother's (guardian's) occupation: _____

Place of employment: _____

High school attending: _____

List all school activities which you have participated in (include clubs, athletic teams, committees, etc.; if you held an office, please indicate.):

List membership/participation in community organizations/activities (Jewish or non-Jewish). Please indicate the service you render these organizations including any officer or leadership position:

Organization: _____

Service you render: _____

Organization: _____

Service you render: _____

Organization: _____

Service you render: _____

Organization: _____

Service you render: _____

Please list your hobbies and interests in athletics:

College or university you expect to attend: _____

Have you been accepted: ___ Yes ___ No

Courses or curriculum of interest: _____

Pursued occupation: _____

How do you plan to help yourself through college: _____

Are you currently employed ___ Yes ___ No Reported earnings: \$ _____

Have you received or applied for other scholarships: ___ Yes ___ No

Scholarship: _____ Scholarship: _____

Amount: \$ _____ Amount: \$ _____

Status of award: _____ Status of award: _____

List Two (2) character references (NOT a relative):

Name: _____

Name: _____

Address: _____

Address: _____

Telephone number: _____

Telephone number: _____

Relationship to you: _____

Relationship to you: _____

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION:

1. scholastic record transcript from your school
2. Attach a 2 page essay detailing your involvement and leadership in the Jewish community as well as your aspirations for the future.

Signature of applicant: _____

Date: _____

***Please return to:
Jewish Federation of the Berkshires, 196 South St. Pittsfield, MA 01201
federation@jewishberkshires.org***