

# The Berol-Shindell Scholarship

Hillel Foundation for Jewish Life at the University of Washington  
4745 17<sup>th</sup> Ave NE, Seattle, WA 98105 ~ (206) 527-1997 ~ [www.hilleluw.org](http://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. The application may be returned in person, by US mail, or by email to [info@hilleluw.org](mailto:info@hilleluw.org).

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

**DEADLINE:** Application and all requested tax information must be postmarked/submitted no later than **Friday, May 2, 2025** 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
3. Permanent phone #: \_\_\_\_\_ Email: \_\_\_\_\_
4. Phone number (where you can be reached): \_\_\_\_\_
5. What is your preferred method of contact? Email or phone? \_\_\_\_\_
6. State of residency: \_\_\_\_\_
7. Your current address at school: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_
8. Where do you plan on living next school year? \_\_\_\_\_ (Home, dorm, off campus, Greek, etc.)
9. Name of current school: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_
10. Place and date of birth: \_\_\_\_\_  
City State Country Month/Day/Year
11. How did you learn of the Berol-Shindell Scholarship? \_\_\_\_\_  
\_\_\_\_\_
12. Have you ever applied for the Berol-Shindell Scholarship before? \_\_\_\_\_  
If yes, when and did you receive a scholarship? \_\_\_\_\_ What was your award? \_\_\_\_\_

13. Religious affiliation: \_\_\_\_\_

Synagogue or temple: \_\_\_\_\_

14. Have you been accepted to the University of Washington? \_\_\_\_\_ Are you a current student at the UW? \_\_\_\_\_

Start date: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

15. Major(s) or intended major(s): \_\_\_\_\_

### SCHOOL INFORMATION

	Name	Location	Dates Attended	GPA	Degrees received or Expected
High School					
Junior or Community College					
Undergraduate College					

### BIOGRAPHICAL INFORMATION

Marital status: Single      Married      Divorced      Separated

Name of spouse: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

Number of dependents, if any \_\_\_\_\_ Ages: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Parent/Guardian 1 name: \_\_\_\_\_ If deceased, give year of death \_\_\_\_\_

Home address, if different from yours:

\_\_\_\_\_ Street City State Zip

What is the occupation of Parent/Guardian 1? (If retired or deceased, give former occupation) \_\_\_\_\_

Graduate of what college(s), if any? Undergrad/Degree \_\_\_\_\_ Graduate/ Degree \_\_\_\_\_

Parent/Guardian 2 name \_\_\_\_\_ If deceased, give year of death \_\_\_\_\_

Home address, if different from yours:

\_\_\_\_\_ Street City State Zip

What is the occupation of Parent/Guardian 2? (If retired or deceased, give former occupation) \_\_\_\_\_

Graduate of what college(s), if any? Undergrad/Degree: \_\_\_\_\_ Graduate/ Degree: \_\_\_\_\_

If someone other than the parents/guardians above financially assists you, (i.e. step parents, grandparents) give the following information:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

What is their occupation? \_\_\_\_\_

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

- 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

- Have you submitted the FAFSA form? \_\_\_\_\_ Expected Family Contribution (EFC)? \_\_\_\_\_
- Have you received an estimate from FAFSA? If so, what is the contribution amount: \_\_\_\_\_
- What is your financial aid package from the UW? \_\_\_\_\_
- 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.

---



---



---



---

- What is the total amount of your savings or other assets? \$ \_\_\_\_\_
- What is your (the applicant) current debt amount and/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 2022: \$ \_\_\_\_\_ Annual Net Income in 2022: \$ \_\_\_\_\_

Does the applicant have a trust fund, 529 savings fund, Washington GET account, or any other college savings account?  
Please describe and provide balance information.

---

---

---

Please indicate other family resources or sources of income and amount (i.e. savings, stocks, bonds, real estate other than family residence, and other investments)

---

List any independent resources of applicant and amount other than savings indicated: \$ \_\_\_\_\_

Model and year of applicant's car (if any): \_\_\_\_\_

What is your (the parents) current debt amount and/or loan balance of student loans (if any): \$ \_\_\_\_\_

I have read all the statements on this Application Form including those completed by the applicant. All financial information submitted with this application is true and accurate to the best of my knowledge.

Signature of parent, guardian or spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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