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**Instruction Sheet  
Anonymous College Scholarship  
Application for the 2021-2022 Academic Year**

- 1) This need-based scholarship was created specifically for children of single parent families who have worked during high school to contribute economically and emotionally to their family. Only children of single parent families may apply. Parent must have been single for at least 12 months.
- 2) Scholarships are available only to Jewish residents of the Omaha metropolitan area.
- 3) This scholarship is for undergraduate study only. Graduate students will not be considered. Students over 21 years of age will not be considered.
- 4) This is a \$10,000 award which may be split amongst two candidates if deliberations are tied.
- 5) Follow all instructions carefully.
- 6) Scholarships are awarded on a financial-need basis.
- 7) Address any questions to (402) 334-6551 or [dwalker@jewishomaha.org](mailto:dwalker@jewishomaha.org).

**The completed application and ALL accompanying  
documentation are due no later than FEbruary 1,  
2021.**

**LATE APPLICATIONS OR LATE DOCUMENTATION  
WILL NOT BE ACCEPTED.**

**APPLICATION CHECKLIST**

- Completed application - ALL sections must be completed in full.
- Application must be legible.
- One copy of the first two pages of your most recent U.S. Individual Tax Return - Form 1040 must accompany this application. This includes both parent and student. If filing Form 1040EZ, provide one copy. Please block out all social security numbers on the tax return copy.
- Academic transcript - An official transcript from the applicant's school is required. Grade reports printed from a student on-line account are NOT acceptable.



**Anonymous College Scholarship  
Application for the 2021-2022 Academic  
Year**

First Name					Last Name				
School you plan to attend in the 2021-2022 academic year									
What is your grade level in the coming year? (i.e. Jr, 2nd of 4 yrs)						What is your cumulative GPA?			
What is your planned major?									
Address					City			State	Zip
Preferred First Name			Gender		Age		Are you Jewish?		
Cell Phone #					Email				
Employer and Position									
If you have siblings, list names & ages									
If any siblings are attending college, list name of dependent & college name									
Name of applicant's custodial parent									
Address, including city, state, zip									
Parent phone					Parental marital status		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Are you claimed as a dependent on your parent's tax return?				If <b>yes</b> , in line(s) below, please list employer and position for your custodial parent					
Employer and position									
Name of applicant's non-custodial parent									
Address, including city, state, zip									
Parent phone					Parental marital status		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Employer and position									

## GOALS and ACTIVITIES

In the space below, please describe your academic goals
In the space below, please describe your extracurricular activities, volunteer work, honors, special recognitions and awards you have received in the past four years.

## JEWISH INVOLVEMENT AND ACTIVITY

Indicate below to which Omaha synagogue you or your family belong						
If currently a college student, are you affiliated with your campus Hillel?	Yes		No		No Hillel	
Are you involved with any other Jewish organization?	Yes		No			
If "Yes", please describe your involvement below.						
If you are currently participating in any form of Jewish study, please describe below.						
Please describe below the importance of your Jewish identity and how you express your Jewish commitment.						

## **PARENTAL INVOLVEMENT**

Please describe your involvement with your non-custodial parent.

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## **FINANCIAL DATA**

If you were attending college during the past academic year, please list the sources of scholarships/financial aid you received.

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Please list, in detail, sources of scholarships/financial aid for which you have applied for the upcoming academic year. Please indicate if any approvals have been received and if so, the amount.

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Please describe the sources through which your education is being funded.

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Financial need within the family unit is the primary consideration in awarding scholarships. Please explain in detail those financial conditions that you feel should be brought to the attention of the determining committee. Examples should include the reason / situation why the parent became single, length of time as a single parent. Additional information could include, but is not limited to, the following: parents and/or siblings also attending college; support of family member outside of the immediate family; excessive educational debt; excessive medical debt; serious medical issues affecting the family; significant loss of income in the past year; single parent with little or no income from the absent parent, etc. The more complete the information, the better able the committee is to make a fair determination of the allocation of its resources.

In your own words, please share your economic and emotional contributions to your family. The more complete the information, the better able the committee is to make a fair determination of the allocation of its resources.

In your own words, please share why you think you should be awarded this scholarship. The more complete the information, the better able the committee is to make a fair determination of the allocation of its resources.

**The following data will be kept confidential by the determining committee.**

Please provide the information below based on your most recent tax return. Copies of the first two pages of the U.S. Individual Tax Return 1040 (or page one of 1040EZ) must accompany this application. Please include for both parent and applicant. (Do not submit the state return or any additional tax forms.) Please block out all social security numbers. If tax forms were not submitted, please provide reason.

**Tax returns must be provided for both parent and student (where applicable).**

The following is a description of those considered to be independent in the matter of financial aid.

- 24 years of age or older by December 31, 2020.
- Veteran of the U.S. military or serving on active duty in the military
- Orphan, ward of the court, emancipated minor, in foster care, in legal guardianship, or unaccompanied minor who is homeless.
- Married at the time of filing.
- Legal dependents other than a spouse.
- You are or will be enrolled in a masters or doctoral degree program at the beginning of the school year.

**STUDENT INCOME**

Adjusted Gross Income	\$
Approximate % of contributed family support	
Itemized Deductions (if standard deduction is used, enter N/A)	\$
Taxable Income	\$
Total Tax	\$

**PARENTAL INCOME**

Adjusted Gross Income	\$
Itemized Deductions (if standard deduction is used, enter N/A)	\$
Taxable Income	\$
Total Tax	\$
If you are divorced, are you a custodial parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount of child support you receive as the custodial parent	\$

**ANNUAL EDUCATIONAL COSTS**

Name of 1 <sup>st</sup> choice school		
Name of 2 <sup>nd</sup> choice school (if applicable)		
	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
Tuition and fees	\$	\$
Books	\$	\$
Room and board	\$	\$
Other expenses (please explain below)	\$	\$
Total Annual Cost	\$	\$

**SIGNATURE(S)**

All of the information stated in this application and all supplemental documentation, to the best of my knowledge, is accurate and complete.

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Applicant Signature

Date

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Parent or Guardian Signature

Date