



333 South 132 Street, Omaha NE 68154-2198
(402) 334-6551 / FAX (402) 334-6765 / Email dwalker@jewishomaha.org

Instruction Sheet
2023-2024 Post-Secondary Education Scholarship Application
For Undergraduate/Graduate/Professional/Yeshiva Studies/Vocational Studies

- 1) Scholarships are available only to residents of the Omaha metropolitan area.
- 2) There are numerous funds from which scholarships are awarded, however only one application is to be submitted. The Financial Aid Committee will make the final determination from which fund any award is made.
- 3) Follow all instructions carefully.
- 4) Scholarships are awarded on a financial-need basis.
- 5) All sections must be completed in full and signed by applicant and parent/guardian, if applicable.
- 6) Illegible applications will be returned.
- 7) A copy of the first two pages of the applicable U.S. Individual Tax Return – Form 1040 must accompany this application.
- 8) Academic transcript – An official transcript from the applicant’s school is required. Grade reports printed from a student online account are NOT acceptable.
- 9) Two recommendation letters – specific information on recommendations is given at the end of this application.
- 10) Address any questions to (402) 334-6551 or dwalker@jewishomaha.org.

**The completed application and ALL accompanying
documentation are due no later than MARCH 1, 2023.**

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

Please Note the Following New Instructions for Applications Involving Applicants with Divorced or Separated Parents

1. If the applicant is under the age of 18 years old, the application must be signed by the custodial parent, and that parent must also supply financial information, including the required copy of that parent's tax return.
2. If the applicant is 18 years old, but under 21 years of age, then the application must be signed by each parent:
 - (a) with whom the applicant resides as a member of that parent's household;
 - (b) who claims the applicant as a deduction on that parent's tax return; and
 - (c) who provides any financial support to the applicant.

Each parent that qualifies under (a), (b), and/or (c), must also supply financial information, including the required copy of that parent's tax return.

3. If there is joint custody, the application must be signed by each parent and each must supply financial information, including the required copy of each parent's tax return.
4. For all applications involving applicants under the age of 21 years, financial information, including copies of the requisite tax returns, must be filed regarding any parent who has supplied any financial support to the applicant whatsoever. Providing a residence is also considered as financial support.
5. If a parent is obligated by judicial decree to provide support and fails to do so, then that should be noted in the application.
6. Parents who are divorced, separated, or otherwise involved in a domestic dispute, must understand that the Financial Aid Committee is concerned solely with the welfare of all the applicant children of our community who seek financial assistance for scholarship purposes. While the Financial Aid Committee will maintain its historic policy of confidentiality, it will not be made a participant in any dispute between parents, including, but not limited to, any effort by one parent to conceal information from another parent, or by one parent to embarrass another parent. If an application is filed with the Financial Aid Committee, the Committee has the right to receive and utilize all information it believes necessary or desirable for it to make its determinations. The Financial Aid Committee and its staff shall not be responsible for or liable to any parent or other person regarding or arising out of any information that is supplied or requested involving any application for financial assistance. A submission of an application shall be recognition of the foregoing.



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First Name					Last Name						
School you plan to attend in the 2023-2024 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 major?											
Address					City			State		Zip	
Preferred First Name			Gender		Date of Birth			Are you Jewish?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Cell Phone #					Email						
Employer and Position											
Spouse name, if applicable	Last Name						First Name				
Spouse Employer and Position											
If spouse is attending college, please list college name											
Name of applicant's parent/legal guardian(s)											
Parent(s) address, including city, state, zip											
Parent(s) phone						Parent(s) email address					
Are you claimed as a dependent on your parent's tax return?						If yes , in line(s) below, please list employer and position of each parent					
Father's employer and position						Mother's 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.						

SPECIAL QUALIFICATIONS

*Some scholarship funds have unique qualifications for eligibility.
Please indicate your eligibility for each of the following by answering “Yes” or “No”.*

Is your parent, grandparent, guardian or spouse a member of the Henry Monsky B'nai B'rith Lodge?	
If YES to above question, list person's name and his/her relationship to you.	
Are you a veteran or the child of a veteran of the United States military?	
If YES to above question, list person's name and his/her relationship to you.	
Are you pursuing a career in education and/or special education?	
Are you a Sigma Alpha Mu member or the descendent of a Sigma Alpha Mu member?	
If YES to above question, list person's name, his relationship to you and the college he attended.	
Are you pursuing a career in health science or recreational science?	
Are you a single parent or the child of a single parent?	
Have you been identified as a person with special needs? <i>(If yes, please call (402) 334-6551 or email dwalker@jewishomaha.org for additional paperwork.)</i>	
Did you work throughout high school? If so, please attach a resume of your work history which includes your high school years and also includes all work through this academic year.	

FINANCIAL DATA

If you were attending college during the past academic year, please list the sources of scholarships/financial aid you received.	
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.	
Please describe the sources through which your education is being funded.	

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 Financial Aid Committee. Examples could include, but are 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.

The following data will be kept confidential by the Financial Aid 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. (Do not submit the state return or any additional tax forms.) Please block out all social security numbers.

Parental tax returns must be provided for all students who are not independent.

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, 2022.
- 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					\$
Itemized Deductions <i>(if standard deduction is used, enter N/A)</i>					\$
Taxable Income					\$
Total Tax					\$
If you are divorced, are you a custodial parent?	Yes		No		
Amount of child support you receive as the custodial parent					\$

**PARENT INCOME 1
(filing jointly)**

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

**PARENT INCOME 2
(if divorced, separated,
or filing separately)**

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

ANNUAL EDUCATIONAL COSTS

Name of 1 st choice school		
Name of 2 nd choice school (<i>if applicable</i>)		
	1 st Choice	2 nd 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

(* The signature of a parent or guardian is required for all applicants under age 21, unless considered independent as described on Page 5, and for those claimed as a dependent on the parental tax return.)

RECOMMENDATIONS

Recommendations are a critical part of your completed application packet. The following two pages are to be provided to those from which you are requesting a recommendation. Recommendation letters must be received at the Jewish Federation of Omaha **no later than MARCH 1, 2023.**

PLEASE NOTE!

It is your responsibility to follow-up with those providing the recommendations to assure the deadline is met.

Each recommendation should be from a person who can attest to your personal character, academic abilities, extra-curricular involvement, or work ethic. Teachers, school counselors, employers, rabbis, or youth group advisors are some suggestions of who can be considered to provide the recommendations. Recommendations by family members or peers will not be accepted.

Recommendations are required each year an application is submitted.

**RECOMMENDATION REQUEST
for personal character, academic abilities,
extra-curricular involvement or work ethic**

Applicant Name	
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The above named student is submitting an application for scholarship consideration to the Financial Aid Committee of the Jewish Federation of Omaha. This application is for undergraduate, graduate, professional or yeshiva studies scholarships for the 2023-2024 academic year.

As a part of his/her application, the student has provided your name as one who is able to attest to his/her **personal character, academic abilities, extra-curricular involvement, work ethic or a combination of the above.**

Please submit your typed recommendation, on letterhead, no longer than one page in length. The submission of the recommendation as the body of an email is also acceptable. The recommendation is to include the following information:

- **Date**
- **Your name**
- **Your relationship to the applicant**
- **Your mailing address, including city, state and zip code**
- **Your daytime phone number**
- **Your signature**

The recommendation can be submitted via U.S. mail, email or fax.

Mailing Address
Financial Aid Committee
JFO Foundation
333 South 132 Street
Omaha NE 68154-2198

Email
dwalker@jewishomaha.org

Fax
(402) 334-6765
Please include a cover sheet to the attention of
Financial Aid Committee, Jewish Federation of Omaha

**Completed recommendations must be received by the
Financial Aid Committee no later than MARCH 1, 2023.**
If you have questions, please call (402) 334-6551.

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