

The Thelma & Isador S. Segall College Scholarship Fund

The Thelma & Isador S. Segall College Scholarship Fund was established by the Isador S. Segall Trust. Thelma and Isador were great believers that financial circumstances should not stop all qualified Jewish children from attending college. The Segall College Scholarship Fund will award scholarships in an amount not to exceed \$5,000 to any one student in any one year.

The student must reside in the geographic area served by the Alpert Jewish Family and Children's Service (from Boynton Beach north to Martin County and west to Wellington) and plans to attend a Florida university or community college.

Students will be evaluated primarily on financial need. Additional consideration will focus on the students' academic achievement, community service, recreational activities, employment history, Jewish involvement, and personal recommendations.

THE THELMA & ISADOR S. SEGALL SCHOLARSHIP COMMITTEE

Members of the Thelma & Isador S. Segall Scholarship Committee review Segall scholarship applications. The only name known to the community is that of the chair. The mission statement is as follows: "The mission of the Thelma & Isador S. Segall Scholarship Committee of the Jewish Family and Children's Service is to administer the allocation and distribution of the Thelma & Isador S. Segall College Scholarship Funds. This duty includes the guarantee of confidentiality to the applicants and their families in conjunction with the diligent stewardship of community funds."

The Thelma & Isador S. Segall Scholarship Committee has adopted an Evaluation Index formula which ranks the applicants in order and then calculates a suggested award amount based on the scholarship dollars available.

Thelma & Isador S. Segall College Fund Evaluation Index (Approved March 8, 2013)

Total Possible Score 100 %

Four (4) Sections for Scoring

Section I. Adjusted Gross Income Maximum 65%

(A)	\$0-----	\$35,000	65%
(B)	\$35,001-----	\$50,000	60%
(C)	\$50,001-----	\$65,000	55%
(D)	\$65,001-----	\$80,000	50%

Section II. GPA Maximum 16%

Actual GPA x 4
Example GPA 4.0 X 3 = 12%

Section III. Family Factors Maximun 12%

- A. # dependents in family, 1 % each to maximum of 3%**
- B. # dependents in college, 1% each to maximum of 3%**
- C. Single parent with little or no outside financial aid. Refer to Section 1 (A) 4%, (B) 3%, (C) 2% and (D) 1%.**
- D. Applicant employment/income history. Maximum 2%**

Section IV. Maximum 5%

- A. Community Service 1%**
- B. Jewish Involvement 1%**
- C. Recreational Activities 1%**
- D. Personal Recommendations Up to 2%**

**INSTRUCTION SHEET FOR THE
THE THELMA & ISADOR S. SEGALL
SCHOLARSHIP APPLICATION FOR 2017-2018 THE ACADEMIC YEAR**

1. Scholarships are primarily awarded on a **financial-need** basis.
2. Scholarships are available only to residents who live in the geographic area of the Alpert Jewish Family & Children's Service (from Boynton Beach north including Martin County and west to Wellington).
3. The Thelma & Isador S. Segall Scholarship Committee will make the final determination of the recipient of the Thelma & Isador S. Segall Scholarship.
4. Follow all instructions carefully!
5. Please address any questions to Olivia Tartakow at 561-564-1991 or otartakow@jfcsonline.com.

**The completed application and ALL accompanying documentation
are due no later than Friday, April 28, 2017.**

LATE APPLICATIONS OR LATE DOCUMENTATION WILL NOT BE ACCEPTED.

THERE WILL BE ABSOLUTELY NO EXCEPTIONS!

APPLICATION CHECKLIST

- Completed application** – ALL sections must be completed in full.
- A copy of the first two pages of the applicable U.S. Individual Tax Return (1040).** (Do NOT submit state forms or any additional federal forms.)
- Academic transcript** – An official transcript from the applicant's school is required. Grade reports printed from a student's online account are NOT acceptable.
- Two recommendations** – Specific information on recommendations is given at the end of this application.
- Please enclose a recent picture with your application.

**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) In the event that a parent is obligated by judicial decree to provide support and has failed to do so, that should be noted in the application.
- 6) Parents who are divorced, separated or otherwise involved in a domestic dispute must understand that the Thelma & Isador S. Segall Scholarship Committee is concerned solely with the welfare of all of the applicant children of our community who seek financial assistance for scholarship purposes. While the Thelma & Isador S. Segall Scholarship Committee will maintain its 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 in order for it to make its determinations. The Thelma & Isador S. Segall Scholarship Committee and its staff shall not be responsible 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.

**THE THELMA & ISADOR S. SEGALL SCHOLARSHIP
APPLICATION FOR THE 2017-2018 ACADEMIC YEAR**

**SCHOLARSHIP APPLICATIONS MUST BE TYPED.
*Hand-written applications will not be accepted.
Carefully follow the directions below.***

- 1) Type answers in the line below each question.
- 2) Use Times New Roman, font size 10. (Lines have been preset with that font and size.)
- 3) Do not bold your answer.
- 4) You may use whatever space is needed for each question.
- 5) Leave one blank line between your answer and the following question.
- 6) On lines with multiple questions, use pre-set tabs when typing answers.

**APPLICATIONS AND ALL ACCOMPANYING DOCUMENTATION MUST BE RECEIVED BY
THE JEWISH FEDERATION OF PALM BEACH COUNTY OFFICE BY FRIDAY, APRIL 28, 2017.
APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED.**

1. Direct any questions to Olivia Tartakow at 561-684-1991 or otartakow@jfcsonline.com.

Last Name, First Name, Middle Initial:

Preferred First Name:

Permanent Mailing Address (include address, city, state and zip code)

Address:

City: State: Zip:

Home Phone Number: Cell Phone Number:

E-mail Address:

Gender: Age: Marital Status:

Name of the Florida school you plan to attend in this academic year. (If undecided, please list all schools of interest, in order of preference.)

What will your academic status be in the coming year? (Freshman, sophomore, junior, senior, graduate student, etc.) Click arrow for a list of statuses.

In what area do you plan to major?

What was your GPA during the past academic year?

If married, please provide name of spouse (*Last Name, First Name, Middle Initial*)

Last:

First:

Middle Initial:

Spouse's Employer:

List names and ages of dependents

If spouse or children are attending a college or university, please list the person's name and the name of the school attending.

Name(s) of applicant's parent(s)

Last:

First:

Middle Initial:

Parent(s) Address (*include address, city, state and zip*)

Address:

City:

State:

Zip:

Parent(s) Home Phone Number:

What is the marital status of your parents?

Are you claimed as a dependent on your parent(s) tax return? Yes or No

If yes, please list parent(s) employers:

Do you have any disabilities? Yes or No

If yes, please explain:

GOALS, ACTIVITIES, WORK HISTORY AND HONORS

Please list your academic goals.

Please describe any honors, special recognitions, and awards you have received in the past four years.

Please describe your personal goals.

Please describe your community service involvement.

Please describe your recreational activities.

Please describe your Jewish involvement.

JEWISH INVOLVEMENT AND ACTIVITIES

What is your family's Palm Beach County synagogue membership?

If currently a college student, have you been affiliated with your campus Hillel? Yes
 No, or No Hillel)

If yes, please describe your involvement.

Are you involved with any other Jewish organizations? (Yes or No) If yes, please identify and describe your involvement.

If you are currently participating in any form of Jewish study, please describe.

Please describe the importance of your Jewish identity and how you express your Jewish commitment.

EMPLOYMENT HISTORY

Please provide a resume of your work history including high school years in the space provided below.

FINANCIAL DATA

Please list, sources of financial assistance for which you have been approved for this academic year.

Please list, sources of financial assistance for which you have applied for this academic year, but from which you have not yet received decisions to date.

Financial need within the family unit is a 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, 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 support from the absent parent, etc. **THE MORE COMPLETE THE INFORMATION, THE BETTER THE THELMA & ISADOR S. SEGALL SCHOLARSHIP COMMITTEE CAN MAKE A FAIR DETERMINATION OF THE ALLOCATION OF ITS RESOURCES.**

The following data will be kept in complete confidence by the Financial Aid Committee.

The information requested is for the calendar year 2016 which is the filing due to the Internal Revenue Service by April 15, 2017. The first two pages of the U.S. Individual Tax Return (1040) must accompany this application. Applications lacking this information will not be considered.

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, 2016.
- Veteran of the U.S. Armed Forces 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.

In case of divorced or separated parents, please refer to Page 1 for more information.

PLEASE TYPE REQUESTED INFORMATION FOLLOWING \$ SIGN ON EACH LINE

STUDENT INCOME

Adjusted Gross Income \$0.00
Itemized Deductions \$0.00
Taxable Income \$0.00
Total Tax \$0.00

If you are divorced and have children, are you the custodial parent? (Yes or No)

Amount of child support you receive as the custodial parent. \$0.00

PARENTAL INCOME

Adjusted Gross Income \$0.00
Itemized Deductions \$0.00
Taxable Income \$0.00
Total Tax \$0.00

If parents are divorced, who is the custodial parent?

Amount of child support received by custodial parent. \$0.00

ANNUAL EDUCATIONAL COSTS

Please indicate the costs of your education for the 2016-2017 academic year.

FIRST CHOICE (Indicate name of school)

Tuition and fees \$0.00
Books (estimate) \$0.00
Room and board \$0.00
Other expenses (explain below) \$0.00

Total Annual Cost \$0.00

SECOND CHOICE, if applicable (Indicate name of school)

Tuition and fees \$0.00
Books (estimate) \$0.00
Room and board \$0.00
Other expenses (explain below) \$0.00

Total Annual Cost \$0.00

REQUESTED AWARD AMOUNT

*Please state the scholarship amount you hope to receive from the Financial Aid Committee.
YOU MUST PROVIDE AN AMOUNT THAT IS DESIRED.*

The Thelma & Isador S. Segall Scholarship Committee does not award 100% to one person.

Requested award amount

\$0.00

ALL OF THE INFORMATION STATED IN THIS APPLICATION AND ALL SUPPLEMENTAL DOCUMENTATION, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND COMPLETE.

Applicant Signature

Date

Parent or Guardian Signature

Date

(A parental or guardian signature is required for all applicants under age 21 and for those claimed as a dependent on the parental tax return. In the case of divorced or separated parents, please see Page 1 for more information.)

REMINDER

The Jewish Educational Loan Fund (www.jelf.org) makes interest free educational loans (higher education – undergraduate, graduate and vocational) to Jewish Students in Florida.

RECOMMENDATIONS

*Recommendations are a critical part of your completed application packet. The following two pages are recommendation forms to be completed and returned directly to Olivia Tartakow, Alpert Jewish Family and Children's Service, 5841 Corporate Way, West Palm Beach, FL 33407, **no later than Friday, April 28, 2017.***

Each recommendation should be from a person who can attest to your personal character, academic abilities, extracurricular involvement or work ethic. Consider your teachers, school counselors, employers, rabbis or youth group advisors to provide the recommendations. Recommendations by family members or peers will not be accepted.

RECOMMENDATION REQUEST

for personal character, academic abilities, extracurricular involvement or work ethic
(All information supplied is kept in strict confidence by the committee.)

Applicant Name: _____

The above named student is submitting an application for scholarship consideration to The Thelma & Isador S. Segall Scholarship Committee of the Alpert Jewish Family and Children's Service. This application is for undergraduate studies for the 2016-2017 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, extracurricular involvement or work ethic.**

Please complete the following in the space provided below.

- Your name: _____

- Your relationship to the applicant: _____

- Your mailing address, including city, state and Zip code: _____

- Your daytime phone number: _____

- Your signature: _____

- Your recommendation: _____

Please mail completed recommendation to:
The Thelma & Isador S. Segall Scholarship Committee
Olivia Tartakow
Alpert Jewish Family & Children's Service
5841 Corporate Way
West Palm Beach, FL 33417

If you have questions, please call her at (561) 684-1991.

***Completed recommendations must be received by the
Thelma & Isador S. Segall Scholarship Committee no later than Friday, April 28,
2017.***

RECOMMENDATION REQUEST

for personal character, academic abilities, extracurricular involvement or work ethic

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Olivia Tartakow
Alpert Jewish Family & Children's Service
5841 Corporate Way
West Palm Beach, FL 33417

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