

Please state parental and self contribution toward tuition: \$

Dollar amount of the SHAI Scholarship/Loan requested: \$_

SHAI Scholarship Committee P.O. Box 1025

Tel: (855) SHAI-7777

Fax: (212) 779-1672 or 545-0657

THE OWNER WAS A	Great Neck, NY 110	23	http://www.shaiusa.org
SHAI	Official Use:		
	Date Received:		Amount Awarded:
Sentardic He Mage Alliance Voc	Date Awarded:		Check No.:
SEPHAR	DIC HERITAGE	ALLIANCE	INC. (S.H.A.I.)
			DLARSHIP & LOAN
	MISSION S	STATEMENT	
community, SHAI has established a	Heritage Alliance's mission to n educational scholarship/loar fford this expense. Financial a	educate, enhance, and program to provide fir	benefit the Iranian Jewish culture and nancial aid for education to members of our form of grants/loans to an individual student
Name of Applicant:			
School Applying to:			
Date Submitted:			
			dicate N/A where not applicable. After completing ication package to the SHAI Scholarship/Loan
	APPLICANT'S PERS	ONAL INFORMA	ATION
Name:	Address:		
Date of Birth:	Age:	<u></u>	Cell No:
Social Security No.:	Tel. No:		Cell No:
Status: U.S. Citizen Green	n Card Student Visa	Other:	
			E-mail:
Have you ever applied for the SHA			
If you answered Yes above, please			
Are either of your parents decease	d?	O Yes	O No
PLEASE PROVIDE INFORMAT SCHOLARSHIP/LOAN. SCHOOL NAME: Type: Yeshiva Hebrew S	chool College Gra	FOR WHICH YOU A	ARE SEEKING THE SHAI
Address:Contact Person at school:			
Semester applying for:			
Tuition Payment Deadline:			Date:
			have been awarded or expect to receive:
Source:	_	ount:	
Source:		ount:	
Applicant's income, including par			

APPLICANT'S ACADEMIC INFORMATION						
List all Schools attended a	and now attending.					
College:			Degree Obtained			
Please list any honors or special achievements:						
APPLICANT'S PARENTAL INFORMATION						
<u>Father</u>		Mother	Mother			
Name:		Name:				
Address:		Address:				
Telephone No.:		Telephone No.:				
Social Security No.:						
Synagogue Affiliation:		Synagogue Affiliation:				
Employed:	Self-employed	Employed:	Self-employed			
Name of Business:		Name of Business:				
Employer Telephone No	ı.:	Employer Telephone No				
Annual Income (attach V	V-2):	Annual Income (attach '	W-2):			
HOUSEHOLD ASSETS						
Automobile		Home Ownership				
Automobile		Own	Lease			
Make	Year:		Lease			
wiakc.	1 Ca1.	 Monthly Payment:				

WARNING: If you purposely give false or misleading information on this application, you may be prosecuted, fined, and required to return the scholarship/loan amount with interest and penalties.

ADDITIONAL REQUIREMENTS

ESSAY

Please write a brief autobiographical statement, describing the factors and events which you feel have shaped your present outlook, personality, and goals. Please also include a statement as to your long term educational and career goals. The purpose of this essay is to indicate how you evaluate your own strengths and weaknesses, and to provide insight into the person that you are. Furthermore, please provide some commentary on the basic information supplied in this application form, in addition to any other special facts, achievements, or personal circumstances you would like us to consider.

REFERENCES

Please provide as reference the name of at least one person, outside your immediate family, who has known you for at least three years, and who may be personally contacted to give an evaluation of your character, abilities, and accomplishments. By providing this name, you agree that we may contact this person to obtain information about you.

Name:	Address:	Tel:
Relationship to Applicant:		
PLEDGE TO VOLUNTEER		
Upon receiving the SHAI Scholarship, month for the period covered by the Secondary SHAI		
for SHAI.		

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CERTIFICATION STATEMENT		
Please sign your initials to each box below		
I certify that I will use any funds I receive under the SHAI Scholarship/Loan only for tuition relating to my study at the designated school in this application.		
I understand that I must notify SHAI's Board of Trustees promptly and in writing of any changes in my or my immediate family's financial circumstances and that such changes include: receipt of outside scholarships/loan in any amount, changes in income or assets, and changes in my school or college enrollment status. I understand that such changes may necessitate an adjustment, even to the extent of partial or full return of the SHAI Scholarship/Loan given to me.		
I understand that it is my sole responsibility to submit a complete application packet. I agree that SHAI will assume no responsibility for and will not attempt to join materials submitted separately. I understand that an incomplete packet may result in the return of the same to me, thereby reducing the likelihood of approval. And finally, I agree that the application and all attachments become the property of SHAI and will not be returned to me.		
I acknowledge and agree that there is no guarantee that I will be selected to receive the SHAI Scholarship/Loan.		

APPLICATION PACKAGE CHECKLIST Please submit the following documents with your completed application. Upon completion, please check applicable boxes. Your application may be rejected if the following items are not submitted. Completed and signed application. Copy of driver's license for applicant and/or both parents. Copy of filed tax returns for last two (2) years for applicant and parents, and respective W-2 forms. Copy of lease or mortgage statement of your principal residence. Copy of most recent pay stubs for employment for applicant and parents, if applicable. Initialed and signed Certification Statement. Essay One or more reference(s). For college students: Copy of registration. Copy of previous semester transcript (if any). Copy of other grants/loans/scholarships.

DISCLAIMER

- 1. SHAI is a non-profit group with a mailing address of P.O.Box 1025, Great Neck NY 11023. Meetings of SHAI's Board of Directors are held on a monthly basis. Members of SHAI's Board of Directors are elected by a majority vote of members of the community, and do not receive any financial compensation for their services to the organization.
- 2. The purpose of SHAI's Scholarship program is to provide financial aid to qualified individuals based upon the demonstrated financial need as determined by the SHAI Scholarship Committee. Each applicant seeking a scholarship must complete the attached application. The application is reviewed and evaluated by the SHAI Scholarship Committee, which will determine eligibility for the scholarship based upon the information provided in the application. The SHAI Scholarship Committee will accept applications for students requiring assistance to attend yeshivas, after school Hebrew School programs, and secular undergraduate education and graduate school/training. Household family members of the SHAI board of Trustees and employees of members of the SHAI Board of Trustees are not eligible for scholarships under any circumstances.
- 3. Scholarships are awarded based upon demonstrated financial need, and the personal circumstances of the applicant. However, in certain cases, at the discretion of the SHAI Scholarship Committee, copies of the applicant's report cards, academic records, transcripts, test scores, and other information may be requested, to assist the SHAI Scholarship Committee in choosing qualified candidates for the scholarships. The applicant's personal essay, which is a required part of the application, may also be considered by the SHAI Scholarship Committee in determining eligibility.
- 4. All financial information and other documentation submitted to the SHAI Scholarship Committee is completely confidential and may not be viewed by any other individual or entity whatsoever. In compliance with federal tax requirements, applications are kept on file for a seven year period.
- 5. SHAI shall not be liable for any claim that may arise against the applicant or the applicant's parents/guardian, by reason of financial aid contributions made by SHAI as set forth herein. As such, the applicant and his/her parents/guardian hereby irrevocably and absolutely agree to hold SHAI harmless from any loss or liability which may arise in connection with any claims against SHAI or the applicant, his or her family, by the applicant's educational institution, taxing authority, or any other entity. This liability shall include deficiency assessments, local, federal, and state taxes, penalties, and interest, which SHAI or the applicant may incur, or be subject to, by reason of any false, misleading, or incomplete statement made on the attached application.

The foregoing application has been carefully read and completed by the undersigned who agrees to be bound by all of its terms and conditions. Furthermore, the undersigned certifies and duly swears that all the information reported herein is complete and accurate. The applicant's parents must sign.				
Sworn to before me this day of, 20	APPLICANT	DATE		
	PARENT OF APPLICANT	DATE		
NOTARY PUBLIC	PARENT OF APPLICANT	DATE		