

THE HENRIETTA HARRIS AND SADIE BERNSTINE SCHOLARSHIP FUND

APPLICANT INFORMATION

Return to Guidance Office by April 15th

NAME (First, Middle, Last)

ADDRESS (Number & Street, City, State, Zip Code)

EMAIL ADDRESS

SOCIAL SECURITY NUMBER

COUNTRY OF CITIZENSHIP

DATE OF BIRTH

TELEPHONE NUMBER

GRADE POINT AVERAGE

SAT SCORE

High School

Verbal

Math

FAMILY STATUS

NAME

AGE

PRESENT OCCUPATION

EMPLOYMENT

ANNUAL INCOME

FATHER

MOTHER

NAME

AGE

SCHOOL ATTENDING

TUITION (if applicable)

DEPENDENT SIBLINGS

FATHER'S HOME ADDRESS AND PHONE NUMBER (if different from applicant. Please include City, State and Zip Code)

MOTHER'S HOME ADDRESS AND PHONE NUMBER (if different from applicant. Please include City, State and Zip Code)

EDUCATIONAL INFORMATION

What course do you intend to pursue and what profession or other vocation do you intend to practice?

To what schools have you applied? (In order of choice. Please state if accepted)

In what extra-curricular activities have you participated?

In what Jewish activities have you participated in? (Please provide dates). If more space is needed please include separate attachment.

What honors or awards have you received in school?

What are your activities and hobbies outside of school?

For what other scholarships or financial aid have you applied? (Please state if award was granted)

COLLEGE COST

Indicate the school you plan to attend and list below the approximate expenses and cost per year.

Name of School: _____

ANNUAL TUITION	\$ _____
ROOM AND BOARD	\$ _____
BOOKS, SUPPLIES, ETC.	\$ _____
MISCELLANEOUS	\$ _____
TOTAL ANNUAL COST	\$ _____

COLLEGE FUNDING

Indicate below the sources of income you anticipate for meeting your annual cost state above.

- a) FINANCIAL ASSISTANCE FROM PARENTS/RELATIVES \$ _____
- b) APPLICANTS TOTAL SAVINGS \$ _____
 AMOUNT OF SAVINGS TO BE USED DURING NEXT SCHOOL YEAR \$ _____
- c) EARNINGS EXPECTED NEXT SCHOOL YEAR (If permissible by school authorities.) \$ _____
- d) EARNINGS EXPECTED THIS SUMMER \$ _____
 AMOUNT OF EARNINGS TO BE USED DURING NEXT SCHOOL YEAR \$ _____
- e) OTHER SCHOLARSHIPS \$ _____
- f) ALL OTHER SOURCES OF INCOME \$ _____
- TOTAL ANNUAL INCOME ANTICIPATED \$ _____

OTHER FUNDING INFORMATION

If there is a difference between college costs and source of college funding, please explain in detail how expenses will be met.

Have you ever been employed and where? (Please include dates of employment.)

Do you expect to be employed this summer and where?

APPLICANT MUST PROVIDE MOST RECENT FEDERAL INCOME TAX RETURNED FILED (if applicable) AND PARENTS/GUARDIAN.

CERTIFICATION OF APPLICATION AND RELEASE OF RECORDS

I hereby certify I am a member of the Jewish Faith. I hereby state that I fully understand that any funds made available to me as a result of this application will be paid by Harvey Elfman and Wells Fargo, Trustees of the Henrietta Harris and Sadie Bernstine Scholarship Fund, directly to the school that I attend and not paid directly to me. It is also my understanding that:

- 1) If this scholarship is awarded on my behalf, funds will be applicable to the school year following the year in which this application is submitted.
- 2) I will have the opportunity to reapply for additional funds in future years.

I respectfully submit this application to the scholarship advisory committee of the Henrietta Harris and Sadie Bernstine Fund with the assurance that the statements contained herein can be relied upon as being true and correct.

I am confirming that neither my parents nor I are employed by Wells Fargo and are not on the Selection Committee.

Signature of Applicant _____ Date _____

CERTIFICATION OF PARENTS OR GUARDIANS

We hereby declare that we have read the answers contained in this application and that they are true and correct to the best of our knowledge and belief.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

Signature of Guardian (if applicable) _____ Date _____