

## THE SAMUEL LEMBERG SCHOLARSHIP LOAN FUND, INC.

APPLICANT'S FULL NAME: \_\_\_\_\_  
Last First

Application Date \_\_\_\_\_ Date Received (for office use) \_\_\_\_\_

(If you are renewing your Lemberg loan, please be sure to update any personal information such as change of address or phone number, and complete Sections IV and VI.)

The Samuel Lemberg Scholarship Loan Fund, Inc. provides loans to aid Jewish college students who exhibit exceptional academic achievement and face financial difficulties pursuing a higher education. Individuals eligible for loans must be full-time students attending accredited colleges and universities engaged in the pursuit of academic work or professional courses leading to a recognized degree.

Loans granted are interest-free. It should be clearly understood, however, that **loan recipients assume an obligation to repay the full amount of the loan within ten (10) years after the completion of their course of study or from the date they terminate their studies for any reason.**

Loan recipients must communicate with the Director not less than twice a year and advise him of their educational progress and economic status.

Applications should be typed or printed legibly. Completed applications, accompanied by all academic transcripts and letters of recommendation should be sent to:

**The Lemberg Scholarship Loan Fund, Inc.  
430 Park Avenue  
Suite 505  
New York, NY 10022**

**Applications, transcripts, and letters of recommendation must arrive together by April 15th in order to receive consideration.** Finalists are required to meet with the Fund's trustees at our New York office for an in-person interview. The Fund's trustees meet in June of each year to select the successful applicants. **If you do not hear from us by July 1<sup>st</sup>, it indicates our inability to assist you.**

All information made available herein, or attached hereto, will be held in strict confidence by the Lemberg Scholarship Loan Fund.

# I. PERSONAL INFORMATION

Name \_\_\_\_\_ Male ( ) Female ( )  
Last First Middle

Permanent Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Temporary or School Address \_\_\_\_\_  
Street Apt. #

City State Zip Code

Telephone ( ) \_\_\_\_\_

Birthplace \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizen: USA \_\_\_\_\_ Other \_\_\_\_\_  
month/day/year

Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Father's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Mother's Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone( ) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State Zip Code

**II. EDUCATIONAL BACKGROUND AND INTERESTS**

Secondary

School \_\_\_\_\_  
Name City State

Date of Graduation or Expected Graduation \_\_\_\_\_ Average \_\_\_\_\_  
Month/year

College \_\_\_\_\_  
Name City State

Date of Graduation or Expected Graduation \_\_\_\_\_ Degree \_\_\_\_\_ Average \_\_\_\_\_  
Month/year

Academic Major \_\_\_\_\_ Minors \_\_\_\_\_

Describe the course of studies you intend to pursue during the period of the loan, the name of the institution you plan to attend, and the degree toward which you will work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Career Plan \_\_\_\_\_

A transcript of your academic record must accompany this application. If you are a college graduate, you need not submit your high school record. Check transcripts submitted.

\_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Post-graduate

List your academic honors, awards, prizes, scholarships, etc.

SCHOOL YEAR HONOR

State briefly your chief extra-curricular activities, hobbies, etc. and name the school organizations to which you belong.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. JEWISH EDUCATION AND INTERESTS**

Describe your Jewish background, education, and interests including the names of schools attended and Jewish organizations with which you have been associated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hebrew Language Speak \_\_\_\_\_ Read and understand \_\_\_\_\_  
Other Languages (specify) \_\_\_\_\_ Speak \_\_\_\_\_ Read and understand \_\_\_\_\_



**IV. Financial Information For Academic Year \_\_\_\_\_ To \_\_\_\_\_**

RESOURCES		EXPENSES	
Summer Earnings	\$ _____	Annual Tuition	\$ _____
Income During School Year	\$ _____	Room and Board	\$ _____
From Parents/Relatives	\$ _____	Books, Supplies Fees	\$ _____
From Personal Savings	\$ _____	Clothing	\$ _____
List Scholarships/Loans and amounts	_____	Round Trip Transportation Between Home and School	\$ _____
	\$ _____	Recreation/Entertainment	\$ _____
	\$ _____	Other (specify)	\$ _____
	\$ _____		
Social Security	\$ _____		
Public Assistance	\$ _____		
Other Resources	\$ _____		
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

Have you or any members of your family incurred financial obligations, which make it difficult for you to attend an institution of higher education? (Please explain briefly)

\_\_\_\_\_

\_\_\_\_\_

**Income**

Gross Annual Family Income (from both parents) \$ \_\_\_\_\_

If single and no longer residing with parent(s), your Gross Annual Income \$ \_\_\_\_\_

If married, your joint Gross Annual Income. \$ \_\_\_\_\_

**Expenses**

If you are living with parents, please complete the following:

Names of Siblings at Home	Age	Grade in School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do parent(s) own home/condo/co-op? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly total cost (mortgage, taxes)? \$ \_\_\_\_\_

If parents rent apartment or home, what is monthly rental? \$ \_\_\_\_\_

**V. SPONSORSHIP**

Three (3) letters of recommendation from persons unrelated to the applicant are requested. At least one of these should be from a Hillel Director, the Director of a Jewish communal organization or the Rabbi of a congregation that you and/or your family have been affiliated.

**VI. PLEDGE OF OBLIGATION**

I, \_\_\_\_\_, hereby promise to repay the Samuel Lemberg Scholarship Loan Fund, Inc. the full amount of the loan(s) made to me within ten (10) years after the completion of my course of study as outlined or from the date that I terminate my studies for any reason.

Borrower's Signature \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_

Last Name First

Address \_\_\_\_\_ Telephone( ) \_\_\_\_\_