THE SAMUEL LEMBERG SCHOLARSHIP LOAN FUND, INC.

First

APPLICANT'S FULL NAME:_____

Application Date _____ Date Received (for *office use*)_____

Last

(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 201 New York, NY 10022

Applications, transcripts, and letters of recommendation must arrive together by <u>May 5th</u> 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^{st} , 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 ()
I	Last	First	Middle		
Permanent A	Address				
		Apt. #	City	State	Zip Code
Talanhana(``		E Mail Addusse		
Telephone()		E-Mail Address_		
Temporary of	or School Addre	ss			
1 2		Stree			Apt. #
		City		State	Zip Code
		City		State	Zip Code
		- ·)		
Birthplace					
Date of Birth	1		Citizen: USA	Other	
	month/day/year				
Marital Statu	18				
Spouse's Na	me				
pouse s na	Last			Maide	en
Address					
Talanhona(City	State	Zip Code
Occupation)	E	mployer		
	Street	Apt. #	City	State	Zip Code
Father's Nar	ne				
	Last		First		
Address					
Telephone	Street)	Apt. #	City	State	Zip Code
		Employe	_ r		
	Street	Apt. #	City	State	Zip Code
Mother's Na	me				
	Last			Maide	n
Address		A		C	
Telephone(Street	Apt. #	City	State	Zip Code
)				
Address			*		
	Street	Apt. #	City	State	Zip Code

II. EDUCATIONAL BACKGROUND AND INTERESTS

Secondary School		
Name	City	State
Date of Graduation or Expected Graduation	AvAv	erage
College		
Name	City	State
Date of Graduation or Expected Graduation Mor	Degree	Average
Academic Major M	linors	
Describe the course of studies you intend to pursu institution you plan to attend, and the degree towa	ard which you will wo	rk.
Career Plan		
A transcript of your academic record must accomyou need not submit your high school record. Ch		
High SchoolCollege	Post-graduate	
List your academic honors, awards, prizes, schola SCHOOL Y	-	HONOR
State briefly your chief extra-curricular activities, which you belong.	, hobbies, etc. and nam	e the school organizations to
III. JEWISH ED	UCATION AND INT	ERESTS
Describe your Jewish background, education, and Jewish organizations with which you have been a		e names of schools attended and
Hebrew Language Speak Other Languages (specify) Speak	Read and under Read and under Read and under	

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		Round Trip Transportation	\$	
amounts		Between Home and School		
	\$	Recreation/Entertainment	\$	
	\$	Other (specify)	\$	
	\$			
Social Security	\$			
Public Assistance	\$			
Other Resources	\$			
TOTAL	\$	TOTAL	\$	

IV. Financial Information For Academic Year _____ To _____

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 (mortgag	ge, 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 Last Name First	Signature		
Address	Telephone()		