



Rubenstein Family Scholarship Program Scholarship Application Form

Information on this form is **confidential**. All applicable sections of the form must be completed and application must be submitted with required information, **as outlined in the accompanying Policy Statement**.

Application Date: _____ School Year: _____ Term(s): _____
Name: _____ Social Security #: _____
Home Address: _____ Date of Birth: _____
_____ Place of Birth: _____
Phone: () _____ Years in California: _____
How did you hear about the Scholarship Program? _____ E-Mail Address: _____

Have you ever received a Rubenstein Family Scholarship Program grant before? _____
If yes, when? _____

SCHOOL INFORMATION

Present School & Class: _____ Current Cumulative GPA: _____
School you plan to attend next year: _____ Class (Grade): _____
School's Address: _____ School's Phone: _____
_____ Check one: Semesters Quarters

I plan to attend school Full Time Part Time One or Two Classes at a Time

Current occupational objective: _____
Describe your extra-curricular activities, special skills, awards or other qualifications: _____

List schools to which you are applying: _____

Expected starting date: _____
Major field or program: _____

FINANCIAL AID INFORMATION

Have you completed the Free Application for Federal Student Aid (FAFSA) Evaluation Form (used for PELL, SEOG, etc.)? yes no Date:

Have you applied to the school for financial aid? yes no Date:

List all other grants for which you have applied: _____ Date:
_____ Date:

FOR DEPENDENT STUDENTS ONLY

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

Parents' Marital Status: Married Divorced Separated Widowed Never Married

Guardian's Name & Address (if different from above): _____

STUDENT'S EMPLOYMENT HISTORY (Please list additional jobs on separate page, if necessary)

Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

Previous Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

PARENTS' FINANCIAL INFORMATION

Father/Guardian's Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

Mother's Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

List other income (per month): Social Security: _____ VA Benefits: _____

Rental Income: _____ Investments: _____ Worker's Comp/Disability: _____

Retirement: _____ Other (list): _____

Own Home Rent Monthly Pmt: \$ _____ Value of Home: \$ _____ Mortgage Balance \$ _____

Unusual expenses such as: medical costs, other dependents, etc. _____

Number of children attending college in the coming year: _____

FOR INDEPENDENT STUDENTS ONLYMarital Status: Single Married Divorced Separated Widowed

Spouse's Name & Age: _____

Names & Ages of Children: _____

EMPLOYMENT HISTORY (Please list additional jobs on separate page, if necessary)

Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

Previous Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

Spouse's Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

Spouse's Previous Employer: _____ Dates of Employment: _____

Address: _____ Salary: _____

Position: _____

FINANCIAL INFORMATION

List other income (per month): Social Security: _____ VA Benefits: _____

Rental Income: _____ Investments: _____ Worker's Comp/Disability: _____

Retirement: _____ Other (list): _____

 Own Home Rent Monthly Pmt: \$_____ Value of Home: \$_____ Mortgage Balance \$_____

Unusual expenses such as: medical costs, other dependents, etc. _____

Number of children attending college in the coming year: _____

FOR ALL STUDENTS

Optional: Please type your double-spaced response to the following questions on one side of a single sheet of paper, if possible. If your essay(s) are hand written, please use one side of a single sheet of ruled paper. (While response to this portion of the application is optional, it is recommended as it may give the Committee additional insight.)

State your career plans and goals.
Indicate why you should be given a scholarship.

BUDGET INFORMATION: Please provide budget information for the scholarship you are applying (Check one):

- Academic Year Semester

Projected Expenses

Tuition & Fees	\$
Room & Board	\$
Books & Supplies	\$

TOTAL \$

BUDGETED NEED (Expenses minus resources)	\$
GRANT REQUEST	\$
TOTAL OF OUTSTANDING STUDENT LOANS TO DATE	\$

Applicant's Signature: _____

The signature below authorizes _____ to release financial analysis and scholarship assistance information about me, as well as copies of my regular grade reports to the Rubenstein Family Scholarship Program, c/o Jewish Family Service of San Diego, Turk Family Center, 8804 Balboa Avenue, San Diego, CA 92123-1506.

Applicant's Signature: _____

Date: _____ Social Security Number: _____