

TEMPLE EMANUEL SINAI BROTHERHOOD/SISTERHOOD  
SCHOLARSHIP APPLICATION

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Temple Emanuel Sinai Brotherhood/MRJ is pleased to accept applications for financial aid for first year, undergraduate college students.

The scholarship Committee will make every effort to assist all qualifying students that apply for financial aid.

Please be sure to fill out all the information requested on the attached forms. You may attach a narrative statement clarifying or qualifying the information that is requested. A current photograph is welcomed, but not required.

**ALL INFORMATION IS HELD IN STRICT CONFIDENCE.**

The applicant, applicant's parents or guardian(s) must be a member in good standing of Temple Emanuel Sinai, Worcester, Massachusetts,

Please return this application and all enclosures to the address indicated on the last page of this form.

The Scholarship Committee

Check list-- Have you enclosed?

1. Scholarship application completed in full
2. Transcript of school grades and class ranking
3. Voluntary/discretionary supporting information
4. Applicant and Parents or Guardian must sign and date this application where indicated on page 5.
5. Contact information for applicant and parents/guardians please.

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Application deadline is May 1, 2025**

**TEMPLE EMANUEL SINAI BOTHERHOOD/SISTERHOOD**

661 Salisbury Street - Worcester, Ma 01609  
Scholarship Application Academic Year 2024-2025

Applicant's Full Name \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_\_ Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Home address \_\_\_\_\_

Email Address \_\_\_\_\_

Is applicant presently:

	<b>NAME</b>	<b>CITY/TOWN</b>
<b>HIGH SCHOOL</b>		
<b>WORKING</b>	<b>FULL TIME</b>	<b>WHERE</b>
	<b>PART TIME</b>	<b>WHERE</b>

PLEASE EXPLAIN ANY SPECIAL FAMILY CIRCUMSTANCES THE COMMITTEE SHOULD KNOW ABOUT, FOR EXAMPLE, DIVORCE OR SEPARATION ARRANGEMENTS, DEPENDENCIES, ILLNESS, ETC.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Dependent Children In The Family:

Name	Age	Name Of Present School/College	Academic Year Completed	Total Cost Per Year

Name of college applicant is planning to attend:

School Name/location: \_\_\_\_\_

Expected year of graduation:\_\_\_\_\_ Field of Study:\_\_\_\_\_

Living Arrangements: \_\_\_\_\_ Home \_\_\_\_\_ At school (e.g.,dormitory, apartment )

<b>PARENT/GUARDIAN</b>	<b>PARENT/GUARDIAN</b>
Name	Name
Home Address	Home Address
Phone	Phone
Email	Email
Occupation	Occupation
Employer	Employer

COMBINED PARENT/GUARDIAN GROSS ANNUAL INCOME:

<b>Greater than \$150,000</b>	<input type="checkbox"/>
<b>\$100,000-\$149,999</b>	<input type="checkbox"/>
<b>\$50,000-\$99,999</b>	<input type="checkbox"/>
<b>Less than \$50,000</b>	<input type="checkbox"/>

PARENT/GUARDIAN ASSETS:

Home (if owned)\$_____K	Year Purchased	Purchase Price \$_____K	Mortgage Bal. \$_____K
Second Home \$_____K	Year Purchased	Purchase Price \$_____K	mortgage Bal. \$_____K
List family autos owned or leased (Make and Year)	Auto 1	Auto 2	Auto 3
Total Auto Debt			

Are parent's/guardians active on synagogue committees or participate in programs? \_\_\_Y \_\_\_N

ESTIMATED STUDENT RESOURCES FOR STUDENT DURING THE SCHOOL YEAR:

ATTACH ADDITIONAL SHEETS AS NEEDED

From Parent/Guardian Income	
From Parent/Guardian Assets	
From Student's Assets	
From Student's Earnings	
From Other Sources (Specify)	
From other scholarships (Specify)	
Total	

TOTAL EXPENSES FOR STUDENT FOR THE UPCOMING YEAR:

ESTIMATED			
Tuition and fees(billable to student)		Travel	
Room fees		Other expenses	
Board fees			
Books/supplies		TOTAL	

TEMPLE EMANUEL SINAI PARTICIPATION:

Did You Attend Religious School? Y <input type="checkbox"/> N <input type="checkbox"/>		From Grade	Through Grade
Confirmed Y <input type="checkbox"/> N <input type="checkbox"/>	Attended High School Y <input type="checkbox"/> N <input type="checkbox"/>	How many years?	
Youth Group Programs/Membership Activities			
Extra Curricular TES Activities			
Special or Voluntary Courses/Programs at TES			

LIST AND GIVE A BRIEF DESCRIPTION OF YOUR OUTSIDE AND COMMUNITY INTERESTS:

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WRITE A SHORT STATEMENT WHY YOU FEEL YOU ARE DESERVING OF A SCHOLARSHIP:

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**Name and address of three persons to whom the committee can refer for references (must not be relatives)**

Name	Address	Telephone

**Signatures:**

**APPLICANT:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reminder**

The applicant, applicant's parents/guardians must be a members in good standing of Temple Emanuel Sinai, Worcester, MA

Mail the following: APPLICATION, VOLUNTARY LETTERS OF RECOMMENDATION, OTHER SUPPORTING DOUCMENTATION, SCHOOL TRANSCRIPT RECORD AND CLASS RANKING

To: Temple Emanuel Sinai Brotherhood/Sisterhood Scholarship Fund  
661 Salisbury St.  
Worcester, MA 01609

or via email: [Brotherhoodscholarship@emanuelsinai.org](mailto:Brotherhoodscholarship@emanuelsinai.org)

**Application Deadline  
May 1<sup>st</sup>, 2025**

**Note: The Temple Emanuel/Sinai Brotherhood/Sisterhood scholarships are available only through the generosity of various Member families who have donated these funds over many years. Should you be fortunate enough to receive a scholarship grant you will be responsible for sending a thank you note to some of the designated Funder Families. A list will be provided.**

The scholarship committee

