

Stein Family College Scholarship

The Stein Family College Scholarship is an annual grant for Jewish students in the Hampton Roads area that provides a scholarship of **up to \$10,000 a year** for college.

The Stein Family College Scholarship is dedicated in loving memory of Arlene Shea Stein, wife of Gerald Stein (of blessed memory) and mother of Steve Stein, Lisa Stein Delevie, Craig Stein and Debbie Stein Levy. Arlene had a deep love of learning and a strong belief that higher education should be accessible to all. Both Arlene and Gerald were unable to complete their college educations due to financial difficulties. The Stein family set up this scholarship as a testament to Arlene and to honor the values she held dear.



Arlene Shea Stein*

Basic Eligibility Requirements:

- Applicants must be Jewish and be current residents of Hampton Roads
- Applicants must be high school graduates entering a degree-granting institution for the first time as a full-time, degree-seeking student
- Applicant must have a minimum GPA of 3.0
- Applicant must demonstrate academic ability, concern for school and both the Jewish and general communities
- Applicant must show substantiated financial need (as determined by FAFSA)



Craig Stein, Lisa Stein Delevie, Gerald Stein*, Debbie Stein Levy & Steve Stein



Application Deadline: March 30, 2018

For more information, guidelines and application, visit www.JewishVa.org/tjf-stein



THE STEIN FAMILY COLLEGE SCHOLARSHIP OF THE TIDEWATER JEWISH FOUNDATION

APPLICATION GUIDELINES

The Stein Family College Scholarship is dedicated in loving memory of Arlene Shea Stein, wife of Gerald Stein (of blessed memory) and mother of Steve Stein, Lisa Stein Delevie, Craig Stein and Debbie Stein Levy. Arlene had a deep love of learning and a strong belief that higher education should be accessible to all. Both Arlene and Gerald were unable to complete their college educations due to financial difficulties. The Stein children and grandchildren set up this scholarship as a testament to Arlene and to honor the values she held dear.

ELIGIBILITY:

- ✓ Scholarship applicants must be **Jewish** and be current residents of **Hampton Roads** (Chesapeake, Norfolk, Portsmouth, Virginia Beach, Suffolk, Isle of Wight County, Hampton, Newport News, and the Peninsula).
- ✓ Applicants must be high school graduates entering a degree-granting institution within the United States for the first time as a full-time, degree-seeking student. The institution must participate in the **Federal Student Aid Program (Title IV)**.
- ✓ Applicant must have a **3.0 GPA**.
- ✓ Applicant must show substantiated financial need as determined by the **Free Application for Federal Student Aid (FAFSA)**.
- ✓ Any relatives of the Stein family, relatives of members of the Scholarship Committee or individuals related to the Board of Directors, Offices or staff of the Tidewater Jewish Foundation are ineligible.

APPLICATION DEADLINE IS FRIDAY, MARCH 30th
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
THE APPLICATION IS ONLINE AT WWW.JEWISHVA.ORG/TJF-STEIN.

The application must be completed online. Additional required items include two (2) letters of recommendation from current educators at your current school; official transcripts; FAFSA documentation (showing SAR); and college acceptance letters and financial award letters (if available). These items may be mailed or dropped off and received by March 30th. If dropping off, please contact Barb Gelb in advance (Campus security must be notified) at 757.965.6105 or bgelb@ujft.org

Tidewater Jewish Foundation, ATTN: Stein Family College Scholarship
5000 Corporate Woods Drive, Suite 200 | Virginia Beach, VA 23462

AWARDEE WILL BE NOTIFIED ON OR BEFORE MAY 1st, 2018.

This is a need-based scholarship, with the maximum award amount of \$10,000 per year. Scholarships are renewable up to four years (maximum \$40,000). Award checks are paid directly to the educational institution each semester. Recipients must maintain a 3.0 GPA and be in good standing with their university, with no disciplinary actions pending. A renewal application and transcripts are required each subsequent year.

If you have questions about completing your application or for delivery verification, contact Barb Gelb, Director of Philanthropy, at (757) 965-6105 or bgelb@ujft.org.

MAKE SURE THAT YOU (AND YOUR PARENT, IF APPLICABLE)
DIGITALLY SIGN THE APPLICATION!



APPLICANT INFORMATION

Name:*

First Name

Middle Name

Last Name

Nickname:

Date of Birth:*

▼ ▼ ▼ 

Religion: *

Street Address: *

City

State

ZIP Code

Email address: *

Preferred Phone: *

How long have you been a resident of Hampton Roads (years):*

How long have you been a resident of Virginia (years):

In addition to you, list all other dependents living in your household:

Name

Age

Relationship to applicant

School or occupation

Grade level

Name

Age

Relationship to applicant

School or occupation

Grade level

Name

Age

Relationship to applicant

School or occupation

Grade level

Name

Age

Relationship to applicant

School or occupation

Grade level

Name

Age

Relationship to applicant

School or occupation

Grade level

How did you find out about this scholarship?

1000/1000

[Save and Resume Later](#)

Progress

Name: _____

Please complete the STUDENT INFORMATION section of this form. If you are a dependent student, you must also have your parents complete the PARENT INFORMATION section. If federal income taxes have not been filed by the time you are filling out this form you must use estimated numbers.

You are a dependent student if you are under 24 years of age unless you: (1) are a ward of the court; (2) are married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those years; or (4) have served in the military.

☐ I am Dependent (complete BOTH columns)

☐ I am Independent (Complete student column only)

PARENT INFORMATION	
Source of financial information	<input type="checkbox"/> 2009 Actual numbers/Already filed <input type="checkbox"/> 2009 Estimated numbers to be filed
Annual income earned from work (wages, salaries, tips)	Father/Stepfather \$
	Occupation
	Employer
	Mother/Stepmother \$
	Occupation
	Employer
Net income from business, farm, rents, royalties, partnerships, estate trusts	\$
Annual income from alimony and child support	\$
Annual government benefits	Social Security/SSI \$
	TANF \$
Other income (e.g., pensions, annuities, interest, dividends, unemployment, etc.)	\$
Value of savings account, trust funds and other investments	\$
Net value of real estate not used as primary residence.	\$
Estimated Debt	Student Loans \$
	Other \$

STUDENT INFORMATION	
	<input type="checkbox"/> 2009 Actual numbers/Already filed <input type="checkbox"/> 2009 Estimated numbers to be filed
Student	\$
Occupation	
Employer	
Spouse	\$
Occupation	
Employer	
	\$
	\$
Social Security/SSI	\$
TANF	\$
	\$
	\$
	\$
Student Loans	\$
Other	\$

Parents' current marital status: ☐ Married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Applicant's current marital status (if other than single): ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

DIVORCED, SEPARATED OR REMARRIED PARENTS: Please answer the following questions if the student's natural or adoptive parents are not married to one another.

A. Year of legal separation or divorce _____

B. Other parent's name _____

Address _____

Occupation/Employer _____

C. According to court order, when will support for the student end? (MM/YYYY) ____ / ____

D. Is there an agreement or court order specifying a financial contribution for the student's college education? ☐ Yes ☐ No

If yes, specify terms of agreement. _____

You must attach a copy of the following: Your complete Student Aid Report (SAR) with responses.

The information provided on this form is true and complete to the best of my (our) knowledge. I (We) realize that failure to comply with a request by the Tidewater Jewish Foundation or the Stein Family Scholarship Committee for further information may prevent the applicant from receiving any aid.

APPLICANT'S SIGNATURE _____

Date _____

PARENT'S SIGNATURE _____

Date _____

STATEMENT OF FINANCIAL NEED

In the space provided below please type a statement describing any unusual factors concerning your need for financial assistance (e.g., financial hardship, disabilities, and family situations including size, unusual responsibilities and challenging circumstances). One or two paragraphs maximum.