

The Nate & Minnie Bernstein Scholarship Fund

Application for 2026 – 2027 Academic Year

Open Enrollment Period January 1, 2026 -March 31, 2026

Applicant Information

Please complete all areas

Name of Student for Whom Application is Being Made (Please Include School Student ID Number)		
Student's Religious Affiliation:		
Student's Home Mailing Address:	Student's Email:	
Student's Date of Birth:	Student's Social Security #:	
Student's Home Phone:	Student's Work Phone:	Student's Cell Phone:
Student's Marital Status:	If Married, Spouse's Name:	# of Dependents:
Student's Parent/Guardian(s) Name:		
Parent/Guardian Mailing Address:		Parent/Guardian Phone:

Educational Need Information

Name and Address of School Student will Be Attending:	Amount of Funds Requested:
Summary of Need for Funds (Please be specific about needs. This information helps the committee in assessing need and determining awards):	
List Names of Other Funds To Which You have Made Application This Year and Date of Application:	
List the Amounts that You have been Awarded for This Year and Dates of Awards:	

Financial Information

A copy of the first two pages of both parent/guardian's latest tax return must accompany this application

Referring to the last IRS tax return filed:

A. Total Income

Father's Information **Mother's Information**

\$ _____ \$ _____

B. Adjusted Gross Income

\$ _____ \$ _____

C. Taxable Income

\$ _____ \$ _____

Family Savings (as of today):

A. Bank Accounts (savings, checking, etc.)

\$ _____ \$ _____

B. Investments (stocks, bonds, trusts, etc.)

\$ _____ \$ _____

C. Retirement Accounts

\$ _____ \$ _____

D. Cash Value of Life Insurance

\$ _____ \$ _____

E. Market Value of Home

\$ _____ \$ _____

F. Other Real Estate

\$ _____ \$ _____

Family Obligations:

A. Total Mortgage Debt \$ _____

Monthly Mortgage or Rent \$ _____

B. Total Automobile Debt \$ _____

Monthly Automobile Payments \$ _____

Total # of Automobiles _____

C. Total Other Debt \$ _____

Monthly Other Debt Payment \$ _____

D. Monthly Utilities \$ _____

E. Monthly Food \$ _____

F. Miscellaneous Monthly Clothing, Insurance, Medications, Home Expenses, etc.) \$ _____

I affirm to the best of my knowledge that all of the information given in this application is true and accurate.

Signature

Date

Please return completed application to:

Wendy and Avron B. Fogelman

Jewish Family Service

6560 Poplar Avenue

Memphis, TN 38138-3614

ATTN: Director of Social Services