

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:

Father's Information

Mother's Information

A. Total Income	\$ _____	\$ _____
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