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One of the central tenets of Judaism is that of Tikkun Olam, healing a broken world. This principle transcends religion and is an appropriate goal for all persons, regardless of faith. Temple Beth Israel of Steubenville has established this scholarship to support students pursuing a field of study that will allow them to enter a healing profession. Students must be planning to go into a field that will contribute to their one-on-one participation in a “healing” occupation (medicine, social work, counseling, education, etc). A cumulative GPA of at least 3.2 is required and the applicant must show financial need. A letter of recommendation that speaks to the applicant’s leadership and community involvement is also required.

**Award:** Four scholarships will be awarded each year to one graduating senior at each of the following high schools: Steubenville High School, Indian Creek High School, Weir High School and Brooke High School. Amounts will vary.

**Deadline:** February 17, 2021  
Return completed application to the Guidance Office

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#### CHECKLIST

- Essay** (typed, 250-500 words) addressing the following prompt
    - ❖ Describe your goals, include why you are applying for this scholarship and how you plan to apply the principle of Tikkun Olam. *Please put your name in the upper right corner of each page.*
  - Activities Form**
    - ❖ Use the included form to provide information on extracurricular activities, awards and honors, community and volunteer activities, and work experience.
  - Academic Certification Form**
    - ❖ Have counselor complete form and return to you
  - Letter of Recommendation Form (in sealed envelope)**
    - ❖ Ask evaluator to complete the form and return it to you in a sealed envelope, recommendation must be included with application packet.
    - ❖ Recommendations could be from a teacher, coach, pastor, supervisor, or other qualified individual. Recommendations should NOT be from a parent or immediate family member.
  - Financial Information Form**
    - ❖ Provide requested documentation and responses as listed on form
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# Tikkun Olam Scholarship of Temple Beth Israel of Steubenville

## STUDENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

US Resident  Yes  No Date of Birth \_\_\_\_\_

High School \_\_\_\_\_

## UNIVERSITY INFORMATION

College you plan to attend \_\_\_\_\_

Have you been accepted  Yes  No

Intended Major \_\_\_\_\_

Enrollment Status  full-time (12+ hours)  part-time (6-11 hours)

## CERTIFICATION

I, the student, completed this application and certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of any scholarship awarded. I certify that I have read the instructions and will comply with all requests for documentation for financial need and academic status. Should I receive a scholarship, I will notify the CFOV of any change of plans, and the CFOV may use my name and likeness in publicity materials relation to the foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature  
(if applicant is under 18)

\_\_\_\_\_  
Date

**Tikkun Olam Scholarship of  
Temple Beth Israel of Steubenville**

**Activities Form**

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

# Tikkun Olam Scholarship of Temple Beth Israel of Steubenville

## Financial Form

This scholarship is intended to benefit a student who has demonstrated financial need. In order to assist the selection committee in honoring the donor's wishes, please respond where appropriate and attach the following to your application:

**Documentation:**

Please include the page of the FAFSA Student Aid Report that provides your Expected Family Contribution (EFC). This is the **ONLY** page you need. Please do not include the full Student Aid Report or copies of tax returns.

**Response:**

Please respond to the following -

Adjusted Gross Income for household, as reported on 2019 tax returns: \_\_\_\_\_

**Supplemental Information:**

If you wish, you may include a supplementary statement explaining circumstances that may impact financial need that are not apparent from the above financial information. For example, contributions expected/not expected from a non-custodial parent, educational expenses of siblings, medical expenses, etc.

Tikkun Olam Scholarship of  
Temple Beth Israel of Steubenville

## Recommendation Letter

*Signed and sealed letter must accompany this application.*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. ***Your recommendation must be completed by someone other than your parents, immediate family or school counselors.***

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (***those honoring the tenet of Tikkun Olam***)

## Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

**Topic:** Describe your goals, include why you are applying for this scholarship and how you plan to apply the principle of Tikkun Olam.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

**I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Tikkun Olam Scholarship of  
Temple Beth Israel of Steubenville

## Letter of Recommendation Form

Application Deadline: February 17, 2021

**To Evaluator:** The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

**This scholarship is intended to recognize students who are pursuing a "healing" occupation, thus honoring a central tenet of Judaism known as *Tikkun Olam* (healing a broken world). Your letter should demonstrate your understanding of the scholarship and how the applicant embodies the intentions of the opportunity.**

I am writing this evaluation on the behalf of \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

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Tikkun Olam Scholarship of  
Temple Beth Israel of Steubenville

## Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

**Submit this form to your counselor for completion, be sure the reported information includes the first semester.**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Class Rank: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_

**SAT Scores (single test date)**

Date of Test: \_\_\_\_\_

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

Combined: \_\_\_\_\_

**ACT Scores (single test date)**

Date of Test: \_\_\_\_\_

English: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Science: \_\_\_\_\_

Composite: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_