**BRUCE M. FELLMAN CHARITABLE FOUNDATION TRUST**

**ROBERT H. & DOROTHY G. KOOPER CHARITABLE FOUNDATION TRUST**

809 North 96 Street, Omaha, NE 68114

PHONE: 402-384-6471 / email: jroos@broadmoor.cc

**INSTRUCTION SHEET**

**UNDERGRADUATE STUDIES SCHOLARSHIP APPLICATION**

**2025-2026 ACADEMIC YEAR**

1) Scholarships are awarded on a financial-need basis.

2) Scholarships are available only to students who are residents of, or have family ties to the Omaha Jewish

 area.

3) Scholarships carry a four-year cap and are awarded for undergraduate studies only.

4) Only one application is to be submitted for both the Bruce M. Fellman Charitable Foundation Trust and the

 Robert H. and Dorothy G. Kooper Charitable Foundation Trust. If an award is made, the Financial Aid

 Committee will make the final determination on the amount of award from each Trust.

5) Follow all instructions carefully.

6) Please address any questions to Jan Roos at 402-384-6471 or jroos@broadmoor.cc.

**The completed application and ALL accompanying documentation**

**is due no later than March 3, 2025**

**LATE APPLICATIONS OR LATE DOCUMENTATION WILL NOT BE ACCEPTED**

**APPLICATION CHECKLIST**

 **Completed application** – All sections must be completed in full and signed by applicant and parent/guardian.

 **Copy of the first two pages of the applicable U.S. Individual Tax Return (1040).** (Do not submit state

 forms or any additional federal forms.)

 **Academic transcript** - An official transcript from the applicant’s school is required. Grade reports printed

 from a student on-line account are NOT acceptable.

 **Two recommendations letters** – Specific information given at the end of this application.

**INSTRUCTIONS FOR APPLICATIONS INVOLVING APPLICANTS
WITH DIVORCED OR SEPARATED PARENTS**

1. If the applicant is under the age of 18 years old, the application must be signed by the custodial parent, and that parent must also supply financial information, including the required copy of that parent's tax return.

2. If the applicant is 18 years old, but under 21 years of age, then the application must be signed by each parent:
(a) with whom the applicant resides as a member of that parent's household; (b) who claims the applicant as a deduction on that parent's tax return; and (c) who provides any financial support to the applicant. Each parent that qualifies under (a), (b), and/or (c), must also supply financial information, including the required copy of that parent's tax return.

3. If there is joint custody, the application must be signed by each parent and each must supply financial information, including the required copy of each parent’s tax return.

4. For all applications involving applicants under the age of 21 years, financial information, including copies of the requisite tax returns, must be filed regarding any parent who has supplied any financial support to the applicant whatsoever. Providing a residence is also considered as financial support.

5. In the event that a parent is obligated by judicial decree to provide support and failed to do so, then that should be noted in the application.

6. Parents who are divorced, separated, or otherwise involved in a domestic dispute, must understand that the Financial Aid Committee is concerned solely with the welfare of all of the applicant children of our community who seek financial assistance for scholarship purposes. While the Financial Aid Committee will maintain its historic policy of confidentiality, it will not be made a participant in any dispute between parents, including, but not limited to, any effort by one parent to conceal information from another parent, or by one parent to embarrass another parent. If an application is filed with the Financial Aid Committee, the Committee has the right to receive and utilize all information it believes necessary or desirable in order for it to make its determinations. The Financial Aid Committee and its staff shall not be responsible or liable to any parent or other person regarding or arising out of any information that is supplied or requested involving any application for financial assistance. A submission of an application shall be recognition of the foregoing.

**UNDERGRADUATE SCHOLARSHIP APPLICATION**

**2025-2026 ACADEMIC YEAR**

*1. Type answers in the line below each question*

*2. Do not bold your answer*

*3. You may use whatever space is needed for each question
4. Leave one blank line between your answer and the following question*

*5. Application must be signed by Applicant and Parent/Guardian*

**APPLICATIONS AND ALL ACCOMPANYING DOCUMENTATION**

**MUST BE RECEIVED BY MARCH 3, 2025**

*Please direct any questions to Jan Roos at 402-384-6471 or jroos@broadmoor.cc*

**Last Name, First Name, Middle Initial**

**Preferred First Name**

**Permanent Mailing Address** *(include address, city, state and zip)*

**Home Phone Number**  **Cell Phone Number**

**Email Address**

**Gender Age Marital Status**

**Name of school you plan to attend in the 2025-2026 academic year.** *(If undecided, please list all schools of interest, in order of preference)*

**What will your academic status be in the coming year?** *(freshman, sophomore, junior, senior)*

**In what area do you plan to major?**

**What was your GPA during the past academic year?**

**Applicant’s Employer Position**

**If married, please provide name of spouse** *(Last Name, First Name, Middle Initial)*

**Spouse’s Employer Position**

**List names and ages of dependents**

**If spouse or children are attending a college or university, please list the person’s name and the name of the school attending.**

**Name(s) of applicant’s parent(s)**

**Parent(s) Address** *(include address, city, state and zip)*

**Parent(s) Home Phone Number**

**What is the marital status of your parents?**

**Are you claimed as a dependent on your parent(s) tax return?**

**If yes, please list parent(s) employers**

**GOALS, ACTIVITIES AND HONORS**

**Please list your academic goals.**

**Please describe your extracurricular activities.**

**Please describe any honors, special recognitions, and awards you have received in the past four years.**

**JEWISH INVOLVEMENT AND ACTIVITIES**

**To what Omaha synagogue do you or your family belong?** *(Membership will be verified.)*

**If currently a college student, have you been affiliated with your campus Hillel?** *(Yes, No, or No Hillel)*

**If YES, please describe your involvement.**

**Are you involved with any other Jewish organizations?** *(Yes or No)*  **If YES, please identify and describe your involvement.**

**Do you contribute to the Annual Campaign of the Jewish Federation of Omaha?** *(Yes or no; please note that a membership at the JCC is not a donation to the Annual Campaign)*

**Do your parent(s) contribute to the Annual Campaign of the Jewish Federation of Omaha?** *(Yes or no; please note that a membership at the JCC is not a donation to the Annual Campaign)*

**If you are currently participating in any form of Jewish study, please describe.**

**Please describe the importance of your Jewish identity and how you express your Jewish commitment.**

**FINANCIAL DATA**

**If you were attending college in the past academic year, please list the sources of financial assistance you received.**

**Please list, in detail, sources of financial assistance for which you have been approved for the 2025-2026 academic year.**

**Please list, in detail, sources of financial assistance for which you have applied for the 2025-2026, but from which you have not yet received decisions to date.**

**Financial need within the family unit is a primary consideration in awarding scholarships. PLEASE EXPLAIN IN DETAIL THOSE FINANCIAL CONDITIONS THAT YOU FEEL SHOULD BE BROUGHT TO THE ATTENTION OF THE FINANCIAL AID COMMITTEE.** Examples could include but are not limited to parents and/or siblings also attending college; support of family member outside of the immediate family; excessive educational debt; excessive medical debt; serious medical issues affecting the family; significant loss of income in the past year; single parent with little or no support from the absent parent, etc. **THE MORE COMPLETE THE INFORMATION, THE BETTER ABLE THE FINANCIAL AID COMMITTEE IS TO MAKE A FAIR DETERMINATION OF THE ALLOCATION OF RESOURCES.**

**The following data will be kept in complete confidence by the Financial Aid Committee.**

***The information requested is for the calendar year 2023, which is the filing due to the Internal Revenue Service on April 15, 2024. The first two pages of the U.S. Individual Tax Return (Form 1040) must accompany this application. (Send ONLY the first two pages of the Federal 1040. Do not submit state return or any additional tax forms.) Applications lacking this information will not be considered.***

**Parental tax returns must be provided for all students who are not independent. The following is a description of those considered to be independent in the matter of financial aid.**

- 24 years of age or older by December 31, 2024

 - Veteran of the U.S. Armed Forces or serving on active duty in the military

 - Orphan, ward of the court, emancipated minor, in foster care, in legal guardianship, or unaccompanied

 minor who is homeless

 - Married at the time of filing

 - Legal dependents other than a spouse

 - Those in a graduate level program

**In case of divorced or separated parents, please refer to Page 1 for more information**

**PLEASE TYPE REQUESTED INFORMATION FOLLOWING THE $ ON EACH LINE**

**STUDENT INCOME**

**Adjusted Gross Income** $

**Itemized Deductions** $

**Taxable Income** $

**Total Tax** $

**If you are divorced and have children, are you the custodial parent?** *(Yes or no)*

**Amount of child support you receive as the custodial parent $**

**PARENTAL INCOME**

**Adjusted Gross Income** $

**Itemized Deductions** $

**Taxable Income** $

**Total Tax** $

**If parents are divorced, who is the custodial parent?**

**Amount of child support received by custodial parent** $

**ANNUAL EDUCATIONAL COSTS**

**Please indicate the costs of your education for the 2025-2026 academic year.**

**FIRST CHOICE** (Indicate name of school)

**Tuition and fees** $

**Books (estimate)** $

**Room and board** $

**Other expenses** (explain below)$

**Total Annual Cost** $

**SECOND CHOICE, if applicable** (Indicate name of school)

**Tuition and fees** $

**Books (estimate)** $

**Room and board** $

**Other expenses** (explain below)$

**Total Annual Cost** $

***ALL OF THE INFORMATION STATED IN THIS APPLICATION AND ALL SUPPLEMENTAL DOCUMENTATION, TO THE BEST OF MY KNOWLEDGE, IS ACCURATE AND COMPLETE.***

 Applicant signature Date

 Parent or Guardian signature Date

*(A parental or guardian signature is required for all applicants under age 21 and
for those claimed as a dependent on the parental tax return. In the case of divorced or
separated parents, please see Page 1 for more information.)*

**RECOMMENDATIONS**

*Recommendations are a critical part of your completed application packet. The following two pages are recommendation forms to be completed and returned directly to:*

**Financial Aid Committee**

**Attention: Howard Kooper**

**809 North 96 Street**

**Omaha, NE 68114**

***No later than MARCH 3, 2025***

***Recommendations can be emailed to*** ***jroos@broadmoor.cc******, but must come direct from the author.***

*Each recommendation should be from a person who can attest to your personal character, academic abilities, extracurricular involvement, or work ethic. Teachers, school counselors, employers, rabbis, or youth group advisors are some suggestions of who can be considered to provide the recommendations. Recommendations by family members or peers will not be accepted.*

**RECOMMENDATION REQUEST**

**For personal character, academic abilities, extracurricular involvement, or work ethic**

*(All information is kept in strict confidence by the committee.)*

Applicant Name

The above-named student is submitting an application for scholarship consideration to the Financial
Aid Committee of the Bruce M. Fellman Charitable Foundation Trust and the Robert H. and Dorothy G. Kooper Charitable Foundation Trust. This application is for undergraduate studies for the 2025-2026 academic year.

As a part of his/her application, the student has provided your name as one who is able to attest to his/her **personal character, academic abilities, extracurricular involvement, or work ethic**.

Please submit your typed recommendation, no longer than one page in length. Your letter should
also include the following information:

 - Your name

 - Your relationship to the applicant

 - Your mailing address, including city, state and zip code

 - Your daytime phone number

 - Your signature

Please email completed recommendation to Jan Roos @ jroos@broadmoor.cc or mail to:

Financial Aid Committee

Attention: Howard Kooper

809 North 96 Street

Omaha, NE 68114

If you have questions, please contact Jan Roos at 402-384-6471 or jroos@broadmoor.cc.

***Completed recommendations must be received by the
Financial Aid Committee no later than MARCH 3, 2025***