

# Philip & Aida Siff Educational Foundation Scholarship

## About the Scholarship

This scholarship is made possible by the generosity of the Philip & Aida Siff Educational Foundation, Santa Barbara, California. The Foundation plans to make ten awards of approximately \$3000 each for the 2016-2017 academic year.

## Eligibility

- Recipients must be full-time undergraduate students who are U.S. citizens or permanent residents.
- Students must not be graduating prior to June 2017.
- Applicants must have completed 24 credits at Hunter and have a minimum 3.50 GPA.
- Financial need is an important eligibility criterion in awarding this scholarship. The Office of Financial Aid must report a remaining need of at least \$3000 for the academic year.  
*Note: Other financial aid may be affected if you are awarded a Siff Scholarship.*
- Applicants must complete the 2016-2017 FAFSA or renewal FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
- New York State residents must also file the TAP application, which can be completed in the same online session.
- Previous recipients are not eligible to reapply.

## How to Apply

Applications will be reviewed at Hunter College.

The applications of finalists will be forwarded to the Siff Foundation for final selection.

1. Attach a signed one-page statement discussing your personal and educational background, your interests, goals and objectives.
2. Two recommendation forms are required (see below). One from an employer or supervisor, if available; and one from an instructor, advisor, or administrator. Both should be in sealed envelopes and included with this application.

The application and attachments must be submitted to:

Office of the Dean of Students

Room 1103 East

Hunter College

695 Park Avenue

New York, NY 10065

**DEADLINE: 5:00 pm on Thursday, April 28, 2016**

# Philip & Aida Siff Educational Foundation Scholarship

## 2016 – 2017 Application

**DEADLINE: 5:00 pm on Thursday, April 28, 2016**

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_

Empl ID \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Hunter E-Mail: \_\_\_\_\_

U.S. Citizen: \_\_\_ U.S. Permanent Resident: \_\_\_ Other (explain): \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Number of college credits completed to date: \_\_\_\_\_

Proposed or Declared Major: \_\_\_\_\_

Career Goal: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_/\_\_\_/\_\_\_\_\_

### **CERTIFICATION**

The undersigned hereby certifies all information submitted in this application is true and correct.

I understand that a copy of my transcript will be forwarded to the Foundation by the College.

I will use any funds received from the Foundation only for the purpose of paying my educational expenses.

I will notify the Foundation in writing IMMEDIATELY if there should be any change or interruption in my plans for continuing my education this coming year.

I understand that the Foundation reserves the right to review these changes and withdraw or adjust the award if determined necessary.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### **RETURN ALL CORRESPONDENCE TO:**

Philip & Aida Siff Educational Foundation Scholarship  
Office of the Dean of Students  
Room 1103 East  
Hunter College  
695 Park Avenue,  
New York, NY 10065



# Philip & Aida Siff Educational Foundation Scholarship

## *Application, cont'd*

### **I. Recipient agrees to notify the Foundation immediately in writing if:**

- A. He or she is receiving or will receive other funds for educational assistance from any source, including loans and work/study as well as scholarship grants. The intent of the Foundation grant is to be a supplement to all other grant aid from the school. It is not to be used by the college to replace any gift aid that the applicant would have received from them, other than state or federal funds. However, self-help awards (i.e., loans and work/study) may be reduced without penalty.
- B. He or she changes their major, or college of attendance, or withdraw from the school. This award is made only for attendance at the institution named in the recipient's award letter.

### **II. Official Verification of Enrollment is required for each term before payment of money can be made.**

Student must enroll in and complete a minimum of 12 credits of college level work each semester. Failure to complete the minimum unit requirement may result in the student being asked to return the money to the Foundation.

Student must request the financial aid officer to complete one section of the Enrollment Verification Form at the beginning of each semester. The Foundation will not send a check until it receives this form.

The student is responsible for mailing the form to the Foundation.

Failure to return the form may result in loss of money for the semester.

Funds will be forwarded to the Office of Financial Aid at the College for disbursement to the recipients.

Payments will be made on a semester basis, upon receipt of Enrollment Verification Form.

The Foundation reserves the right to review, adjust or cancel any awards at any time thought the academic year.

Late receipt of information may result in the Foundation requesting repayment of an award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Philip & Aida Siff Educational Foundation Scholarship

## Recommendation Form for Instructor, Advisor, or Administrator

### To be completed by student:

Name: \_\_\_\_\_ EMPL ID#: \_\_\_\_\_

Give this form to an instructor, advisor, or administrator who can comment upon your potential to succeed in college.

I, \_\_\_\_\_ from Hunter College hereby requests  
(Name Applicant)

\_\_\_\_\_ to complete this evaluation of me.  
(Name of Evaluator)

I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested.

**IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.**

(Applicant's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

### To be completed by instructor, advisor or administrator:

*You have been selected as a reference for the above-named individual who has applied for a scholarship from the Foundation. We would appreciate your cooperation in helping us to evaluate his/her qualifications. Please attach an additional statement on official letterhead if you would like to elaborate on your responses.*

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

Under what circumstances, e.g. professor, advisor? \_\_\_\_\_

\_\_\_\_\_

If as an instructor, what subjects were taught? \_\_\_\_\_

***For Instructor, Advisor, or Administrator (cont'd)***

Please place a check mark next to the attributes that represent your evaluation of the student in comparison with other college students. If you have no fair basis for judgment, do not hesitate to say so.

**REASONING ABILITY**

- Exceptional critical judgment
- Clear thinking
- Average analytical ability
- Poor analytical ability
- No basis for judgment

**EMOTIONAL MATURITY**

- Mature, poised
- Confident, well-adjusted
- Average maturity
- Immature, variable
- No basis for judgment

**WRITING ABILITY**

- Accurate, clear and concise
- Above average writing skills
- Average writing expression
- Poor writing ability
- No basis for judgment

**DEPENDABILITY AND INTEGRITY**

- Absolutely reliable
- Dependable in most cases
- Average dependability
- Questionable dependability
- No basis for judgment

**ACCURACY OF WORK**

- Exceptionally accurate
- Makes only minor mistakes
- Satisfactory
- Careless
- No basis for judgment

**INITIATIVE AND INDUSTRY**

- Self-starter, creates own projects
- Works with little supervision
- Average initiative
- Requires direction
- No basis for judgment

**ACADEMIC ABILITY**

- Superior
- Good
- Average
- Poor

**ORAL EXPRESSION**

- Superior
- Good
- Average
- Poor

**WORK HABITS**

- Superior
- Good
- Average
- Poor

**RECOMMENDATION**

Please rate the applicant in overall promise, comparing him/her to all other students with whom you have had close contact at the same stage in their academic careers. Circle the appropriate percentile value. (100 = highest; 20 = lowest)

100

80

60

40

20

Your recommendation for the applicant as a scholarship recipient. (Please check one.)

- Very highly recommended
- Recommended
- Recommended with reservation
- Not recommended

Are you aware of any current circumstances or problems that might affect applicant's performance in college (e.g., financial background, family responsibilities, educational preparation, or health)?

*For Instructor, Advisor, or Administrator (cont'd)*

What is your assessment of the applicant's potential and motivation to succeed in college? What is your evaluation of the applicant's capability for undertaking college work?

**ADDITIONAL COMMENTS:**

Please try to list strengths and weaknesses, pertinent extracurricular activities, and especially complex or difficult projects. *Attach an additional statement on official letterhead if you would like to elaborate on your responses.*

.....

**SIGNATURE**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (Print) \_\_\_\_\_

Your Title \_\_\_\_\_

Name of Business or College \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please return this form to the applicant in a sealed envelope with your signature across the seal.**

**APPLICATION DEADLINE: 5:00 pm on Thursday, April 28, 2016**

# Philip & Aida Siff Educational Foundation Scholarship

## Recommendation Form for Employer or Supervisor

### To be completed by student:

Name: \_\_\_\_\_ EMPL ID#: \_\_\_\_\_

Give this form to an instructor, advisor, or administrator who can comment upon your potential to succeed in college.

I, \_\_\_\_\_ from Hunter College hereby requests  
(Name Applicant)

\_\_\_\_\_ to complete this evaluation of me.  
(Name of Evaluator)

I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested.

**IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.**

(Applicant's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

### To be completed by employer or supervisor:

*You have been selected as a reference for the above-named individual who has applied for a scholarship from the Foundation. We would appreciate your cooperation in helping us to evaluate his/her qualifications.*

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

Under what circumstances e.g. employer, supervisor? \_\_\_\_\_

\_\_\_\_\_

***For Employer or Supervisor (cont'd)***

Please place check marks next to the attributes that represent your evaluation of the student as compared with other employees. If you have no fair basis for judgment, do not hesitate to say so:

**INITIATIVE AND INDUSTRY**

- Self-starter, creates own jobs
- Works with little supervision
- Average initiative
- Requires direction
- No opportunity to observe

**EMOTIONAL MATURITY**

- Mature, poised
- Confident, well-adjusted
- Average maturity
- Immature, variable
- No opportunity to observe

**DEPENDABILITY AND INTEGRITY**

- Absolutely reliable/trustworthy
- Dependable in most cases
- Average dependability
- Questionable dependability
- No opportunity to observe

**REACTIONS TO CRITICISM**

- Strives to improve
- Accepts correction
- Resents criticism
- No opportunity to observe

**WORK HABITS**

- Superior     Good     Average     Poor

What has been the applicant's greatest strength?

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Greatest weakness? \_\_\_\_\_

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Would you rehire this person:    YES             NO

If not, why? \_\_\_\_\_

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**ORAL EXPRESSION**

- Superior     Good     Average     Poor

**RECOMMENDATION**

Please rate the applicant in overall promise, comparing him/her to all other students with whom you have had close contact at the same stage in their academic careers. Circle the appropriate percentile value. (100 = highest; 20 = lowest)

100                      80                      60                      40                      20

Your recommendation for the applicant as a scholarship recipient. (Please check one.)

- Very highly recommended             Recommended
- Recommended with reservation         Not recommended

***For Employer or Supervisor (cont'd)***

Are you aware of any current circumstances or problems that might affect applicant's performance in college (e.g., financial background, family responsibilities, educational preparation, or health)?

What is your assessment of the applicant's potential and motivation to succeed in college? What is your evaluation of the applicant's capability for undertaking college work?

**ADDITIONAL COMMENTS:**

Please try to list strengths and weaknesses, accomplishments, or handling of especially difficult tasks.  
*Attach an additional statement on official letterhead if you would like to elaborate on your responses.*

.....

**SIGNATURE**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name (Print) \_\_\_\_\_

Your Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please return this form to the applicant in a sealed envelope with your signature across the seal.**

**APPLICATION DEADLINE: 5:00 pm on Thursday, April 28, 2016**