

APPLICATION FOR SCHOLARSHIPS

Since 1933

Awarded By

National Council of Jewish Women, Greater Kansas City Section

5311 W. 75th Street

Shawnee Mission, KS 66208

Phone: 913-648-0747

E-mail: ncjwofkc@gmail.com Website: <https://kansascity.section.ncjw.org/> Facebook: [ncjwofkc](https://www.facebook.com/ncjwofkc)

Name of Applicant _____
Last First Middle

College ID Number _____

NCJW does not discriminate based on gender, race, religion or ethnicity.

Scholarships are given to high school graduates to supplement college expenses based on need and academic excellence. Grants are designed to assist the greatest number of students. Aid is limited to any graduating student of a high school in the Greater Kansas City area. NCJW scholarships are renewable for four years subject to annual review.

PLEASE READ CAREFULLY:

- All questions must be answered for your application to be considered. Page 8 may be used for additional information.
- An official transcript of your high school record is required.
- **A copy of pages 1 and 2 of both parents' most recent Federal Income Tax Form 1040 is required. All information on this application will be treated in strict confidence.**
- Deadline for accepting application is April 14_____.
- Applicants accepted for consideration will be contacted in the spring for a personal interview. Awards will be made by August 1st.
- To ensure strict confidentiality, place application and financial information in envelope, seal and return to your counselor or email to the address above.

NOTE: When applying for admission to each school, we recommend that you also submit a financial aid application at the same time. FASFA.ed.gov

DEADLINE DATE – 4/14/23

Photo is Required
(A Passport Type)

SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

1. Student Applicant _____

Last Name

First Name

Middle Name

2. Gender: Female _____ Male _____ Other _____

3. Permanent Home Address _____

Street and Number

City

State

Zip

4. Telephone Number _____ Email Address _____

5. If your present address is different from your permanent address, please list below:

Street and Number City State Zip

6. Date of Birth (MM/DD/YYYY) _____

7. Do you have any disability? If yes, explain:

(We have a specific scholarship for students with special needs.)

8. High school presently attending _____ Rank in class _____

Name of current counselor: _____

9. If you have attended other high schools, list dates of attendance and locations:

Name

Location

Date to/from

10. Which College are you planning to attend?

Name _____ City _____ State, Zip _____

What do you plan to study? _____

Have you applied for financial aid? Yes _____ No _____ **Please send a copy of your financial aid packet.**

Have you applied for a Pell Grant?

Yes _____ Index No. _____

No _____ If not, please explain on page 8.

11. Other scholarships applied for:

Name of Scholarship	Award	Date Awarded
---------------------	-------	--------------

_____	_____	_____
_____	_____	_____

Have you or your parents applied for any loans for your education? Please Specify _____

12. Fill out completely for both parents.

Father or Guardian

Name _____ Age _____

Home address _____

City _____ Phone _____

Occupation _____

Name of Employer/Firm _____

Address of Employer _____

Telephone Number _____

Email address _____

If attended college:

Where _____

When graduated _____ Degree _____

Mother or Guardian

Name _____ Age _____

Home address _____

City _____ Phone _____

Occupation _____

Name of Employer/Firm _____

Address of Employer _____

Telephone Number _____

Email address _____

If attended college:

Where _____

When graduated _____ Degree _____

13. With whom do you live? Both parents _____ Mother _____ Father _____

Other

(specify) _____

14. Are parents separated? _____ Divorced _____ Mother remarried? _____ Father remarried _____ Stepfather's name _____

15. Please list all other children in the family.

Name	Age	Name of school/college/Occupation	Living at home	Not living at home

16. Please list any other dependents receiving financial support from family.

Name	Age	Relationship to applicant	Annual amount

17. During the last 4 years have any siblings in the family received or are they now receiving any college financial aid?

Name	Scholarships, grants, loans, other (Specify)	Amount	Donor	Year

18. ANNUAL INCOME AND EXPENSES FOR LAST YEAR

	FATHER	MOTHER	APPLICANT	OTHER
A. Salary	\$ _____	\$ _____	\$ _____	\$ _____
B. Other	\$ _____	\$ _____	\$ _____	\$ _____
C. Federal Income Tax Paid	\$ _____	\$ _____	\$ _____	\$ _____
D. Any unusual expense (Explain in No. 21)	\$ _____	\$ _____	\$ _____	\$ _____

19. PARENTS ASSETS AND LIABILITIES:

	Date of Purchase	Price Paid	Unpaid Mortgage
Home (if owned or buying)	_____	\$ _____	\$ _____

20. Savings Accounts Stocks Bonds Real Estate Other

Amount \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

21. Indebtedness except mortgage

To whom:	Total Amount	When Due	Payment Plan
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

22. Please explain any special circumstances that should be known, such as living arrangements, illnesses, housing problems, other children in special schools, etc. Give details and specific dollar amounts.

23. List extra -curricular activities during high school years (offices held, special honors, music, athletics, etc.)

School activities:

Non-School activities: (civic, church, scouting, etc)

24. Applicant's Financial Information.

List jobs (including summer) held within the past four years:

Date of Employment from/to	Name of firm and address	Name of immediate supervisor	Type of work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a job for the coming summer: Yes _____ No _____

If yes, indicate where and estimated total summer earnings _____ \$ _____

Indicate how much can be saved for school expenses _____ \$ _____

25. APPLICANT'S PERSONAL ASSETS AND LIABILITIES:

Savings: Amount \$ _____

Loans: Amount \$ _____

To Whom: _____

26. Applicant's resources for the freshman year:

A. From parents for the school year (approximate) \$ _____

B. From any other source \$ _____

Total A & B \$ _____

27. Name of School: _____

28. Estimated Expenses:

A. Tuition \$ _____

B. Room & Board \$ _____

C. Books & Supplies \$ _____

D. Transportation or
Commuter Expense \$ _____

E. Miscellaneous \$ _____

(Activity fee, laundry, medical, recreation, etc.)

TOTAL \$ _____

29. ON A SEPARATE SHEET, PLEASE PROVIDE A PARAGRAPH, NOT TO EXCEED 500 WORDS, STATING YOUR INTENDED FIELD OF STUDY AND FUTURE GOALS.

PLEASE DO NOT WRITE BELOW.

30. To the best of my knowledge the foregoing information is complete and correct. I authorize you to check on any of the information that would serve in my best interests.

Date _____ Signature of Applicant _____

Date _____ Signature of Parent _____

And/or guardian _____

Additional Information

31. Permission is hereby granted to the Student Financial Aid Office to release information contained in my/our financial statement on file to the Greater Kansas City Section, National Council of Jewish Women Scholarship Committee.

DATE SIGNATURE APPLICANT College ID Number

DATE SIGNATURE APPLICANT College ID Number

Please tear off and save

**National Council of Jewish Women
Greater Kansas City Section**

5311 W. 75th St.

Shawnee Mission, KS 66208

Phone: (913) 648-0747 Fax: (913) 648-4126 E-mail: ncjwofkc@gmail.com

If contacted for an interview, we request that you bring a copy of the following:

- Current costs of school you plan to attend.
- All correspondence you have received from the school and/or the government pertaining to financial aid.
- Notification of any scholarships or awards.