

COUNSELOR REPORT FORM FOR SCHOLARSHIPS

Awarded by

The National Council of Jewish Women, Greater Kansas City Section

5311 W. 75th Street, Shawnee Mission, KS 66208

913-648-0747

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

In order to assess a scholarship applicant's abilities and interests, as well as financial need, the Scholarship Committee requests your assistance by answering the questions below. **Please be as explicit as possible.**

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

In addition, an official transcript of the student's courses and grades must accompany this form along with the student's application. ALL THREE FORMS SHOULD BE SUBMITTED TOGETHER AND RECEIVED IN THE NCJW OFFICE BEFORE THE DEADLINE.

1. Name of student applicant _____
Last First Middle

2. High school attending _____

3. A. Number of students in applicant's class _____

B. Class rank _____

4. How well do you know this applicant? Please give us your impression of this student. Do you feel this applicant has the ability and motivation to do college work?

5. What extra-curricular activities or organizations has the student participated in?

6. Has the student earned any honors or awards? If yes, please list them.

7. Are there any challenges in this student's life that we should take into consideration? (We have a scholarship designated for students with special needs.)

Date: _____

Signature _____

Position _____

School _____

Telephone Number _____

Any additional comments: