

APPLICATION FOR SCHOLARSHIP RENEWAL

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/>

Student Name _____
Last First Middle

College ID Number _____

PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS COMPLETELY

- Type or print legibly in pen.
- A transcript of both semesters of the current year **MUST** accompany this application.
- A copy of pages 1 and 2 of both parents' most recent Federal Income Tax Form 1040 is required.
- All information requested on this form must be completed and returned to the NCJW office or the application will be **AUTOMATICALLY** eliminated.

(If you have a problem supplying this information by the deadline date, please contact the NCJW office with particulars and where you may be reached.)

- All information on this application will be treated in strictest confidence.
- The decisions of the committee will be made by August 1st and you will be notified.
- It is imperative that we ALWAYS have your current mailing address and telephone number.
- If NOT requesting renewal of your scholarship, PLEASE NOTIFY THE NCJW OFFICE.

DEADLINE DATE June 15th

PLEASE TYPE OR PRINT LEGIBLY IN PEN

1. Student
Applicant _____
Marital Status Single _____ Married _____
E-mail _____

Street and Number City State/Zip Telephone No.

2. Home Address _____

School Address _____

Summer Address _____

3. Name of School _____

Do you plan to continue at the same school? Yes _____ No _____

If transferring, please indicate the name and address of school.

Name	Address	City	State/Zip
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4. Projected year of completed undergraduate study _____ Degree anticipated _____

Do you plan to attend graduate school? Yes _____ No _____

Degree Anticipated _____ Year Anticipated _____

5. Plans for coming summer:

6. List of jobs held within the past year:

Name of firm	Type of Work	Dates of Employment
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School year _____

Summer _____

7. Activities during past academic year:

Campus _____

Other _____

8. Please list ALL scholarship aid other than JCJW received during the past academic year, including grants, loans and work study:

Name of Award	Type of Aid	Amount Received
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

9. Please list ALL scholarship aid other than NCJW anticipated for the coming academic year, including grants, loans, and work study:

Name of Award	Type of Aid	Amount Received
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

10. Other anticipated resources:

A. From parents	\$ _____
B. From applicant	\$ _____
C. Other including total from No. 9	\$ _____
TOTAL	\$ _____

11. Estimated expenses for coming academic year:

A. Tuition	\$ _____
B. Room	\$ _____
C. Board	\$ _____
D. Books and Supplies	\$ _____
E. Transportation or Commuting Costs	\$ _____
F. Miscellaneous	\$ _____
(Activity fees, laundry, medical, recreation, etc.)	
TOTAL	\$ _____

12. Estimated amount of financial aid needed:

(Deduct Total No. 10 from Total No. 11) TOTAL	\$ _____
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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, 5311 W. 75th Street, Shawnee Mission, KS 66208.

_____ DATE	_____ SIGNATURE – APPLICANT
_____ DATE	_____ SIGNATURE – PARENT OR GUARDIAN

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.

ADDITIONAL INFORMATION

DEADLINE DATE – June 15th

Please Do Not Write Below This Line
