**EMMA KOHN PODOLOFF SCHOLARSHIP FUND**

**OF THE NATIONAL COUNCIL OF JEWISH WOMEN’S, GREATER NEW HAVEN CHAPTER**

**AT THE JEWISH FOUNDATION**

**STUDENT FINANCIAL QUESTIONAIRE**

**TO BE SUBMITTED BETWEEN APRIL 1 AND MAY 31**

**WITH ALL OTHER REQUIRED DOCUMENTS**

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED**

APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. WHAT COLLEGE WILL YOU ATTEND? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ESTIMATE YOUR FIRST YEAR FINANCIAL NEEDS.

TUITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM & BOARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOOKS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRANSPORTATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. IN DOLLAR AMOUNTS, DESCRIBE YOUR FINANCIAL PACKAGE FROM ALL SOURCES, INCLUDE ALL AWARDS AND LOANS. USE OTHER SIDE OF PAGE, IF NEEDED.
2. WHAT PERSONAL SAVINGS & ASSETS DO YOU HAVE FOR

YEAR 1? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW MUCH WILL YOU EARN BEFORE COLLEGE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT WILL YOU EARN DURING YOUR FIRST YEAR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(STUDENT)

THIS FORM HAS BEEN CHECKED FOR OMISSIONS OR ERRORS. TO THE BEST OF OUR KNOWLEDGE, THE INFORMATION PROVIDED IS COMPLETE AND CORRECT.

SIGNATURE(S) OF PARENT(S) OR GUARDIAN(S)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FINANCIAL STATEMENT OF PARENTS/GUARDIANS MUST BE SUBMITTED BETWEEN APRIL 1 AND MAY 31. PARENTS ARE REQUIRED TO SUBMIT COPIES OF THEIR FEDERAL AND STATE INCOME TAX RETURNS FOR 2016 and 2017.

APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_CELL #\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANNUAL SALARY\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_CELL#\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANNUAL SALARY \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INCOME: (INVESTMENTS, SAVINGS, REAL ESTATE, ETC.)

NAME, AGE & ADDRESS OF ALL PEOPLE FOR WHOM YOU WILL BE SUPPLYING MORE THAN 50% OF THEIR ANNUAL SUPPORT IN 2018

­­­­­­­­NAME & AGE OF FAMILY MEMBERS IN COLLEGE IN 2018

LIST ANY EXTENUATING CIRCUMSTANCES, e.g. SINGLE PARENT, ILLNESS

AFFIDAVIT: TO THE BEST OF OUR KNOWLEDGE, THIS IS A COMPLETE & CORRECT FINANCIAL STATEMENT. DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT(S)/GUARDIAN(S) SIGNATURES

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