



National Council of Jewish Women
Seattle Section

1501 17th Avenue, Box 105
Seattle, WA 98122
425-558-1894
425-867-9808 (fax)
ncjw@ncjwseattle.org

Scholarship Application Academic Year 2011-2012

Please complete the application in its entirety; incomplete applications will automatically be disqualified. If space provided on the application form is insufficient for answers, additional sheets may be attached. PLEASE TYPE OR CLEARLY PRINT YOUR RESPONSES. **INCLUDE A PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE SUMMER.**

1. Name of Applicant: _____ SSN: _____

2. Permanent Address: _____
(Street)

(City) (State) (Zip) Phone: _____

Phone(s): _____
PROVIDE ALL PHONE NUMBERS WHERE YOU CAN BE REACHED IN JUNE & JULY AND DURING THE SCHOOL YEAR.

Email Address: _____
PROVIDE ALL EMAIL ADDRESSES WHERE YOU CAN BE REACHED IN JUNE & JULY AND DURING THE SCHOOL YEAR.

3. Current School Address: _____
(Street)

(City) (State) (Zip) Phone: _____

4. Place of Birth: _____ Date of Birth: _____

5. Do you qualify for WA state resident tuition? ☐ Yes ☐ No **(You must qualify for WA state resident tuition to apply)**

6. How did you learn about the NCJW Seattle Section Scholarship? _____

7. Have you previously applied for the NCJW Seattle Section Scholarship? ☐ Yes ☐ No **IF YES**, when? _____

8. Religious affiliation: _____ Synagogue Affiliation? If yes - name: _____
(Name)

9. At what college/university/school do you plan to study? _____

Have you been accepted? ☐ Yes ☐ No

10. What are your educational goals? _____

SCHOOL HISTORY

Please complete all relevant information

	Name	Location	Dates Attended	Degree Received or Expected
High School				
Junior College or Community College				
Undergraduate College or University				

EMPLOYMENT HISTORY

Please list names and complete address of your last three employers. If you have held community service volunteer positions, please include that information

Name of Employer	Job Title	Address (Street, City, State, Zip)	Supervisor Name	Dates of Employment

PERSONAL REFERENCES

Personal references should not be relatives; at least one reference should be from your school, work, or volunteer service and one should be from the Jewish Community

Name of Reference	Address (Street, City, State, Zip)	Title or Position	Your relationship to Reference	Years Known

FINANCIAL INFORMATION

How are you planning to finance your education: The NCJW Seattle Section Scholarship Committee expects you to apply for financial aid to your school and all other available sources. Please list all sources to which you have applied or expect to apply, and amount of aid requested or expected to receive. Include any state or federal grants for which you are eligible, as well as family support.

1. Are you working during the academic year? ☐Yes ☐No

2. Are you working during the summer between academic years?

☐Yes ☐No

If you checked no to either of these questions please explain: _____

Source	Amount	Source	Amount

BIOGRAPHICAL INFORMATION
FILL OUT AS APPROPRIATE TO YOUR CURRENT SITUATION

Marital Status: ☐Single ☐Married ☐Divorced

Name of Spouse:_____ Occupation:_____

Number of dependents, if any:_____ Ages:_____ Relationship to you:_____

If parents are separated/divorced, indicate amount EACH contributes to your educational expenses in the Additional Financial Information Section below and **INCLUDE TAX RETURNS FOR EACH, as well as for your self.**

Mother's Name:_____ If deceased, give year of death:_____

Home Address if different from yours:_____

Mother's Occupation (if retired or deceased give former occupation):_____

Father's Name:_____ If deceased, give year of death:_____

Home Address if different from yours:_____

Father's Occupation (if retired or deceased give former occupation):_____

If someone other than your mother, father, spouse/domestic partner assists you financially (i.e. stepparents, grandparents) give the following information:

Name:_____ Relationship to you:_____

Address:_____

What is her/his occupation?_____

Type & Amount of Support:_____

List names and ages of your siblings:

Name	Age	Name	Age

List any other family members who reside at your home address and their relationship to you:

Name	Relationship	Name	Relationship

ADDITIONAL FINANCIAL INFORMATION

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE PERSON(S) RESPONSIBLE FOR SCHOLARSHIP APPLICANT'S FINANCIAL SUPPORT (see note above re: separated/divorced parents; either parent may complete this section; tax return of the other parent may be sent separately, but must be received by May 1, 2009).

Please list any family/financial resources not itemized in Tax Return:

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Does the applicant have any independent financial resources other than savings? ☐ Yes ☐ No Amount: \$ _____

Source: _____

Please list any unusual family expenses not otherwise detailed in Tax Return or application, not including applicant's debts:

Expenses: _____ Amount: \$ _____

Expenses: _____ Amount: \$ _____

OTHER INFORMATION

Please include any other information you feel is pertinent for the Scholarship Committee to know when considering this application:

SIGNATURES

I have completed all the information in this application to the best of my knowledge; all statements and information are truthful.

Applicant Signature: _____ Date: _____

I have read all the statements on this application, including those completed by the applicant. To the best of my knowledge and belief they are correct.

Parent/Guardian/Spouse Signature: _____ Date: _____

SCHOLARSHIP APPLICATIONS AND ALL ACCOMPANYING MATERIALS, INCLUDING OFFICIAL SCHOOL TRANSCRIPTS

MUST BE POSTMARKED BY MAY 13, 2011

APPLICATIONS & MATERIALS SHOULD BE SUBMITTED VIA U.S. POSTAL SERVICE TO:
NCJW, SEATTLE SECTION
1501 17TH AVENUE, BOX 105
SEATTLE, WA 98122

PLEASE DO NOT HAND DELIVER