

# APPLICATION FOR SCHOLARSHIPS

Since 1933

Awarded By

National Council of Jewish Women, Greater Kansas City Section

5311 W. 75<sup>th</sup> Street

Shawnee Mission, KS 66208

913.648.0747 FAX 913.648.4126 e-mail ncjwofkc@gmail.com

Name of Applicant \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

**Students are eligible to receive NCJW scholarships without regard to race, religion or sex.**

Scholarships are given to high school graduates to supplement college expenses where need exists when other sources are not sufficient. Grants are designed to assist the greatest number of students. Aid is limited to any graduating student of a public high school in the Greater Kansas City area school districts. 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.
- A 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 \_\_\_\_\_.
- Applicants accepted for consideration will be contacted in April for a personal interview. Awards will be made by August 1<sup>st</sup>.
- To insure strict confidentiality, place application and financial information in envelope, seal and return to your counselor.

**NOTE:** When applying for admission to each school, we recommend that you also submit a financial aid application at the same time. This has been proven to be beneficial.

**DEADLINE DATE – 4/15/2020**

Photo is Required  
(A Passport Type)

## SCHOLARSHIP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

1. **Student Applicant** \_\_\_\_\_  
Last Name First Name Middle Name  
(Sex) Male \_\_\_\_\_ (Marital Status) Single \_\_\_\_\_  
Female \_\_\_\_\_ Married \_\_\_\_\_

2. **Permanent Home** \_\_\_\_\_  
Address Street and Number City State Zip  
Telephone Number \_\_\_\_\_

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

Street and Number City State Zip  
Telephone Number \_\_\_\_\_

4. **Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

Month Day Year City State

5. Do you have any physical handicaps? If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

6. High school presently attending \_\_\_\_\_ Rank in class \_\_\_\_\_

Name of current Counselor: \_\_\_\_\_

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

Name	Location	Date to/from
_____	_____	_____
_____	_____	_____

8. To which colleges or universities have you applied and to which have you been accepted.

	Name	City & State, Zip	Accepted Yes No
A.	First Choice		
B.	Second Choice		
C.	Third Choice		

To which have you applied for financial aid? A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Have you applied for a Pell Grant?

Yes \_\_\_\_\_ Index No. \_\_\_\_\_

No \_\_\_\_\_ If not, please explain on page 8.

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9. Other scholarships applied for:

Name of Scholarship	Award	Date Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or your parents applied for any loans for your education? Please specify \_\_\_\_\_

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10. Fill out completely for both parents.

Father or Guardian		Mother or Guardian	
Name _____	Age _____	Name _____	Age _____
Home address _____		Home address _____	
City _____	Phone _____	City _____	Phone _____
Occupation _____		Occupation _____	
Name of Employer/Firm _____		Name of Employer/Firm _____	
Address of Employer _____		Address of Employer _____	
Telephone Number _____		Telephone Number _____	
Years with firm _____		Years with firm _____	
If attended college:		If attended college:	
Where _____		Where _____	
When graduated _____	Degree _____	When graduated _____	Degree _____

11. With whom do you live? Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other (specify) \_\_\_\_\_

12. Are parents separated? \_\_\_\_\_ Divorced \_\_\_\_\_ Mother remarried? \_\_\_\_\_ Father remarried \_\_\_\_\_

Stepfather's name \_\_\_\_\_

13. Please list all other children in family.

Name	Age	Name of school or college or occupation	Living at home	Not living at home
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

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

Name	Age	Relationship to Applicant	Amount of annual support	Living at home	Not Living at home
_____					
_____					
_____					

15. During the last 4 years have any students in the family received or are they now receiving any financial aid?

Name	Scholarships, Grants, loans, other (Specify)	Amount	Donor	Year
_____				
_____				
_____				
_____				

16. 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)	\$ _____	\$ _____	\$ _____	\$ _____

17. PARENTS ASSETS AND LIABILITIES:

	Date of Purchase	Price Paid	Unpaid Mortgage
Home (if owned or buying)	_____	\$ _____	\$ _____
18. Savings Accounts	Stocks	Bonds	Real Estate
Amount	\$ _____	\$ _____	\$ _____

19. Indebtedness except mortgage To whom:	Total Amount	When Due	Payment Plan
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Banks at which parents have accounts:

Name	Address
_____	_____
_____	_____

20. Family automobiles:	Make and Year	Date Purchased
Applicant	_____	_____
Family	_____	_____

21. 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. List extra curricular activities during high school years (offices held, special honors, music, athletics, etc)  
School activities:

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

23. 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
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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 \_\_\_\_\_ \$ \_\_\_\_\_

24. APPLICANT'S PERSONAL ASSETS AND LIABILITIES:

Savings: Amount \$ \_\_\_\_\_

Indebtedness: Amount \$ \_\_\_\_\_

To Whom: \_\_\_\_\_

25. Applicant's resources for the freshman year:

A. From parents for the school year (approximate) \$ \_\_\_\_\_  
Will it be paid (Specify) Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Annually \_\_\_\_\_

B. From any other source \$ \_\_\_\_\_

Total A & B \$ \_\_\_\_\_

26. NAME OF SCHOOL \_\_\_\_\_

Estimated Expenses:

A. Tuition	\$ _____	\$ _____	\$ _____
B. Room & Board	\$ _____	\$ _____	\$ _____
C. Books & Supplies	\$ _____	\$ _____	\$ _____
D. Transportation or Commuter Expense	\$ _____	\$ _____	\$ _____
E. Miscellaneous (activity fee, laundry, medical, recreation, etc.)	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

27. 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.

28. 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

29. 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 SOCIAL SECURITY NO.

\_\_\_\_\_  
DATE SIGNATURE APPLICANT SOCIAL SECURITY NO.

Please tear off and save

**National Council of Jewish Women**

**Greater Kansas City Section**

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(913) 648-0747 – FAX (913) 648-4126 E-mail [ncjwofkc@gmail.com](mailto: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.



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In addition, a transcript of the student's courses and grade must accompany this form along with the student's application. ALL THREE FORMS MUST 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.  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you feel this applicant has the ability and motivation to do college work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you feel that the student's work will be:  
A. Average \_\_\_\_\_  
B. Above Average \_\_\_\_\_  
C. Below Average \_\_\_\_\_  
Explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. Do you know if this student has any emotional or family problems that might deter the student achieving educational goals? If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you feel that this student has any exceptional ability or talent in any field? If yes, explain.

8. How do other students in class and school react toward the applicant?

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9. What ratings have been given to this applicant by teachers?

- A. Average \_\_\_\_\_  
B. Above Average \_\_\_\_\_  
C. Below Average \_\_\_\_\_

Include any applicable remarks made by teachers:

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10. Does this student generally do well in a testing situation? If not, give possible explanation.

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Date: \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
School \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Any additional comments: