

Employment History

If you have worked regularly, please include it below. You may list the informal work that you have done such as baby-sitter, chore-helper, or other similar type of work, but you do not need to provide the names of the families for whom you have worked.

Name of employer: _____
City, State: _____
Type of work: _____
Dates employed: from _____ to _____ Average number of
MM / YY MM / YY hours worked per week: _____

Name of employer: _____
City, State: _____
Type of work: _____
Dates employed: from _____ to _____ Average number of
MM / YY MM / YY hours worked per week: _____

If you have had additional employers, please attach on a separate sheet of paper the name of the employer(s), city, state, type of work, dates employed, and average number of hours worked per week.

Volunteer and Community Service

Name of organization: _____
City, State: _____
Type of service: _____
Dates volunteered: from _____ to _____ Average number of hours
MM / YY MM / YY volunteered per week: _____

Name of organization: _____
City, State: _____
Type of service: _____
Dates volunteered: from _____ to _____ Average number of hours
MM / YY MM / YY volunteered per week: _____

If you have had additional volunteer and community service experiences, please attach on a separate sheet of paper the name of the organization(s), city, state, type of service, dates volunteered and average number hours volunteered per week.

Extracurricular, Sports, and other Activities

Briefly list the clubs, sports, and other activities in which you have been involved, and indicate any leadership positions held, awards, or accomplishments. *(Boxes will expand as you type.)*

Activity	Positions, Awards, Accomplishments

College Applications

If you are a graduating high school senior, list the name(s) of the college(s) you have applied to and the status of your application(s). If you are already in or have graduated from college, leave this section blank.

College Applied To	Status	Amount of Financial Aid offered by college

Field of Study

College Major(s): _____

Graduate School Major: _____

(Complete only if you are in or entering graduate school) _____

Future Career Goals: _____

(Box will expand as you type.) _____

Other Scholarships

Please list the name(s) of any other scholarship(s) you have applied for, and the status of your applications.

Scholarship Name: _____

Awarding Organization: _____

Amount applied for: _____ Status: pending awarded \$ _____ denied

Scholarship Name: _____

Awarding Organization: _____

Amount applied for: _____ Status: pending awarded \$ _____ denied

Scholarship Name: _____

Awarding Organization: _____

Amount applied for: _____ Status: pending awarded \$ _____ denied

Scholarship Name: _____

Awarding Organization: _____

Amount applied for: _____ Status: pending awarded \$ _____ denied

Family Information

If you are an emancipated minor, head of household, or self supporting adult, you may leave this section blank.

Mother OR Guardian (if guardian please indicate relationship to you, e.g. foster parent, aunt, grandmother, sibling, etc.) _____

Name: _____

Address: _____

Phone Number: () _____ Email address: _____

Father OR Guardian (if guardian please indicate relationship to you, e.g. foster parent, uncle, grandfather, sibling, etc.) _____

Name: _____

Address: _____

Phone Number: () _____ Email address: _____

Number of siblings: _____ Ages of siblings: _____ Number of siblings attending college in 2009-2010 _____

Other dependents living in your home, e.g., grandparent(s), relative(s), foster child(ren), etc. ;
Number: _____ Relationship: _____

Additional Information

Please use this space to briefly explain any personal or family circumstances or information that you would like the scholarship award committee to take into consideration when reviewing your application:

(Box will expand as you type.)

The undersigned hereby certifies that the information provided in this application is true to the best of their knowledge. Knowingly providing erroneous or misleading information will render this application ineligible for consideration.

STUDENT APPLICANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE (If Applicable) DATE

***This application must be printed and signed. Only hard copy applications will be accepted.
Incorrect or incomplete applications may not be considered.
Please proofread your application before mailing.***



STUDENT FINANCIAL WORKSHEET

To be considered for a Jewish Community Foundation scholarship, you must complete this form.

Student Name: _____ **Date of Birth:** _____

Family Information

Synagogue Affiliation _____

Applicant: Occupation _____ Spouse/ Occupation _____
 2008 Gross Income \$ _____ Partner: 2008 Gross Income \$ _____

Father: Occupation _____ Mother: Occupation _____
 2008 Gross Income \$ _____ 2008 Gross Income \$ _____

If you are a dependent, please attach a copy of pages 1 and 2 of your parents' most recent completed federal tax Form 1040. If you are independent, please submit your own.

In addition, please include any letter(s) received of Grants, Scholarships or Loans awarded

Budget

List applicant's expenses and resources for the school year below. Attach a separate sheet if necessary.

Resources for 2009-10 school year	\$	Expenses for 2009-10 school year	\$
Parent(s) Assistance		Tuition/Fees	
Family Assistance		Room and Board	
Trusts/Inheritances/Investments		Books and Supplies	
Savings		Health Insurance	
Summer Earnings		Travel	
Other Employment		Telephone	
Veterans' Benefits		Discretionary	
Grant or Scholarship Awards		Other	
1.			
2.			
Fellowships or Stipends			
1.			
2.			
Work Study			
Loans			
1.			
2.			
Other			
Total Resources		Total Expenses	
Deficit			

Signed by Applicant _____ Date _____