

# 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

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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 -

Photos 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.

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 \_\_\_\_\_

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	Other
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.

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

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

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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: \_\_\_\_\_  
\_\_\_\_\_

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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.)	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

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 \_\_\_\_\_

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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

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Greater Kansas City Section**



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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.