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 Seattle, WA 98122  
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National Council of Jewish Women  
 Seattle Section

**Scholarship Application  
 Academic Year 2017-2018**

**SCHOLARSHIP APPLICATIONS AND ALL ACCOMPANYING MATERIALS,  
 INCLUDING OFFICIAL SCHOOL TRANSCRIPTS**

**MUST BE POSTMARKED BY June 15, 2017**

**APPLICATIONS & MATERIALS SHOULD BE SUBMITTED VIA U.S. POSTAL SERVICE TO:**

**NCJW, SEATTLE SECTION  
 1501 17<sup>TH</sup> AVENUE #108  
 SEATTLE, WA 98122**

**PLEASE DO NOT HAND DELIVER**

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 Name: \_\_\_\_\_

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. Do you identify as Jewish?: \_\_\_\_\_ Jewish Community Affiliation(s)? If yes -list: \_\_\_\_\_  
 \_\_\_\_\_

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

Have you been accepted?  Yes  No

10. What are your educational goals? \_\_\_\_\_

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**SCHOOL HISTORY**

Please complete all relevant information

	<b>Name</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Expected Date of Graduation</b>
<b>High School</b>				
<b>Junior College, Community College or Trade School</b>				
<b>Undergraduate College or University</b>				

**EMPLOYMENT/SERVICE 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 of Financial Aid	Dollar Amount	Awarded	Pending	Source of Financial Aid	Dollar Amount	Awarded	Pending

**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 yourself.**

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 June 15, 2017).

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

Source: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Does the applicant have any independent financial assets 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:

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**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: \_\_\_\_\_