ELIGIBILITY

College grant funds are available through a restricted endowment which designates that Jewish youth in Monroe County be helped in meeting their education and vocational goals. Applicants must meet the following criteria listed below. **Please mark yes or no for all.**

- ☐ Yes ☐ No Have you explored and exhausted all community and personal financial resources?
- ☐ Yes ☐ No Are you Jewish?
- ☐ Yes ☐ No Is your legal residence in area served by the agency?
- ☐ Yes ☐ No Are you a descendent of a Jewish Children's Home Resident? *(not a requirement for receiving a scholarship)*

Which statement(s) apply to you:

- ☐ Yes ☐ No a) I derive financial support from my family which lives in the area served by the agency.
- ☐ Yes ☐ No b) I am financially self-supporting and have lived in the area prior to beginning college.
- ☐ Yes ☐ No c) I am married to someone who meets condition of a or b above.

- ☐ Yes ☐ No I will be attending an accredited undergraduate school.
- ☐ Yes ☐ No I have a clear educational goal.

For your application to be considered, it is <u>required</u> that the following information is <u>complete</u> and <u>attached</u> to this cover sheet in the order list below.

- ☐ Attached Grant application form
- ☐ Attached Description of course of study and goals (see page 7 of application)
- ☐ Attached Financial Aid Form (FAF or FAFSA)
- ☐ Attached Income tax forms or W-2
- ☐ Attached If a dependent of your parents, include most recent tax forms for yourself as well as your parents
- ☐ Attached If married, include your most recent joint or individual tax forms
- ☐ Attached If single, include your own most recent tax forms or W-2
- ☐ Attached Most recent academic year high school or college transcript
- ☐ Attached Copy of the fee page from the college catalog
- ☐ Attached If you are a first time applicant, arrange for two character reference letters from clergy, teachers, employer/manager or advisor
- ☐ Attached Sign application form

_____ Date you will be starting school

Applicants Name: (please print):_____

My signature verifies that the above information is accurate, complete and attached to this cover sheet. I understand that if I fail to submit any of the required information, my application will not be considered.

Applicant Signature:_____ Date:_____

Jewish Children's Home Application

Have you received a college grant from Jewish Family Service before? ❒ Yes ❒ No
If yes, what years?_____

Have your applied for a college grant from Jewish Family Service, but not been awarded a grant? ❒ Yes ❒ No
Please indicate if you are a descendent of a Jewish Children's Home resident. ❒ Yes ❒ No

If yes, name of Jewish Children's Home resident and relationship _____

Where did you learn about JFS College Grant?
❑ School Counselor ❑ Website ❑ Social Media ❑ Friend ❑ Previous College Grant Recipient
Other:_____

I. Applicant

Full Name: _____

Home Address: _____

_____

E-mail: _____

Phone: _____ Age: _____

Income during preceding 12 months, if any, attach W-2 Forms $ _____

***If married, skip questions II. – IV.* Father, Mother or Legal Guardian:**

Father's Name and Address: _____

_____

Mother's Name and Address: _____

_____

Mother's Phone: _____ Father's Phone: _____

Mother's Employer and Occupation: _____

Father's Employer and Occupation: _____

Family Gross Annual Income: $ _____

How many siblings live at home _____

IV. Does any immediate family member attend college or other school? ❒ Yes ❒ No
If yes, how is this financed? _____

Comments:_____

VI. If Married, Complete

Spouse's Name: _____

Home Address: _____

Phone: _____ Email: _____

Spouse Employer and Occupation: _____

Spouse's yearly gross income: $ _____

** ***Attach copy of income tax return W-2 tax form***

Education

VII. High School

Name of High School _____

Grade Point Average: *(attach transcript)* _____

Name of college entering: _____

VIII. Transfer Student

Name of college transferring from: _____

Grade Point Average*: (attach transcript):* _____

IX. College Student

If already in college or transferring from another college, enter information about the school you will be attending next semester.

School's Name: _____

City, State: _____

Year entering: ❒ Sophomore ❒ Junior ❒ Senior

Anticipated Graduation Date:_____

X. Work During School

Plans for working during school year. Describe job and expected earnings:

_____

_____

XI. Work During Summer

Plans for working during summer before school year. Describe job and expected earnings:

_____

_____

XII. Present Financial Obligations of Applicant

Please list all outstanding **Educational Loans** below:

Name of loan: _____

Granting organization: _____

Date: _____ Amount: _____

Repayment obligation: _____

Name of loan: _____

Granting organization: _____

Date: _____ Amount: _____

Repayment obligation: _____

Name of loan: _____

Granting organization: _____

Date: _____ Amount: _____

Repayment obligation: _____

Other debts, loans or obligations:

_____

Expenses and Income

Please complete the estimated expenses and income for the school year for which the grant is requested.

Expenses:

Tuition		_____
Fees		_____
Books		_____
Room & Board		_____
Other		_____
	Total Expenses	$ _____

Income:

Family Contribution	_____
Student Contribution	
PELL Grant	_____
Tuition Assistance Program – TAP	_____
Guaranteed Student Loan – GSL	_____
National Direct Student Loan – NDSL	_____
Supplemental Educational Opportunity Grant – SEOG	_____
Higher Education Guarantee Program – HEGP	_____
Other:_____	_____
Other:_____	_____
Other:_____	_____

Scholarships

1._____	_____
2._____	_____
3._____	_____
4._____	_____

List all other sources of income:

1._____	_____
2._____	_____
3._____	_____
4._____	_____

Total Income $_____

Total Deficit $_____

Attachments:

For your application to be considered, it is required that the following information is attached:

1. **A brief description of your course of study and goals for the future (Approximately 200 words).**
2. Financial aid form (FAF or FAFSA)
3. Income Tax forms or W-2 forms
    a) if a dependent of your parents, include most recent tax forms for yourself as well as your parents'
    b) if married, include your most recent joint or individual tax forms
    c) if single, include your own most recent tax forms or W-2 forms
3. Most recent academic year high school or college transcript (Unofficial copy is acceptable)
4. Copy of the fee page from college catalog
5. If you are a first time applicant, arrange for two-character reference letters from clergy, teacher, employer/manager, or advisor.

My signature attests that to the best of my knowledge all the information I have provided on this application is true and accurate.

_____ _____

Applicant Signature Date

For Your Information

It is expected that students will augment their income with summer employment and maintain grades that reflect commitment to their education goals. Absolute confidentiality will be observed.

Please contact **tbrea@jfsrochester.org** if you have any questions about completing the application.

IN ORDER TO ASSURE TIMELY PROCESSING OF YOUR APPLICATION, ALL APPLICATION MATERIALS <u>MUST</u> BE RECEIVED BY <u>MAY 1</u>

<u>Completed Applications should be emailed to:</u>
tbrea@jfsrochester.org
(you will get a confirmation of receipt within 10 days of email)

<u>Or mailed to</u>:
Jewish Family Services-JCH Application Processing
255 East Ave – Suite 201
Rochester, NY 14604