

Jewish Federation of Lee & Charlotte Counties

Please Print

SCHOLARSHIP APPLICATION – 2010

Please Print

Full Name _____

Address _____

City, State, Zip _____

Phone _____ Birth Date _____ Male _____ Female _____

Name of school currently attending _____

Name of school where scholarship will be used, if granted _____

Area of Study _____ Current Grade Point Average _____

(Attach last semester's grade report) What scale (weighted or not) _____

IF YOU ARE CLAIMED AS A DEPENDENT BY ANYONE, FILL OUT THE FOLLOWING:

Parent's/Guardian's/Spouse's Name _____

Address (if different) _____

City, State, Zip _____

Employer & Phone Number _____

Annual Income \$ _____ Monthly housing expenses: Rent/mortgage \$ _____ Electric \$ _____ Water \$ _____

If receiving or paying alimony or child support, indicate annual amount: \$ _____

Other dependents in home: Name & Age _____ Name & Age _____

Name & Age _____ Name & Age _____

(Attach copy of 2009 income tax return)

Applicant's employer & phone number _____

Annual Income \$ _____ Monthly housing expenses: Rent/mortgage \$ _____ Electric \$ _____ Water \$ _____

Dependents in home: Name & Age _____ Name & Age _____

Name & Age _____ Name & Age _____

Are you enrolled in the Florida Prepaid College Tuition Program? Yes _____ No _____

Are you eligible for Florida Bright Futures? Yes _____ No _____

(Attach copy of 2009 income tax return)

NOTE: Failure to attach copies of financial documents (i.e. tax forms, pay stubs, etc.) will result in automatic disqualification.

ON THE BACK OF THIS FORM, ANSWER THE FOLLOWING: (Use additional sheets if necessary.)

1. Explain any special circumstances you feel we should know about, i.e. divorce, separation, illness, child support, etc.
2. List any awards (other scholarships) and honors you have received, your hobbies and outside activities, and memberships in clubs and societies

ON A SEPARATE SHEET, ATTACHED TO THIS APPLICATION:

Write a short essay (500 words or less) discussing "Why Additional Education Will Benefit Me and My Community."

By April 26, 2010, send this completed application form and all of its attachments to:

Scholarship Chair
Jewish Federation of Lee & Charlotte Counties
9701 Commerce Center Court
Fort Myers, FL 33908

For more information, call Jewish Federation at (239) 481-4449 - Fax: 239-481-0139- Email: loriramos@jfedlcc.org

All information contained on this application is considered confidential; however, if I receive a Jewish Federation scholarship, I give Jewish Federation my permission to use my name in press releases and other promotional materials.

To the best of my/our knowledge and belief, the information contained on this application is true and correct.

Parent's/Guardian's/Spouse's signature _____ Date: _____

Student's signature _____ Date: _____