NATIONAL COUNCIL OF JEWISH WOMEN BERGEN COUNTY SECTION

SCHOLARSHIP APPLICATION



Applicant's Name: _	National Council of J	National Council of Jewish Wor	
Address:		Bergen County	y Section
		E-mail address:	
Please list the family	y members who live at home w	ith you	
	I	Grade point average?	
Are you a member of	of the Jewish faith?		
Which college or un	iversity will you attend in Septe	mber 2018?	
Location	Esti	mated cost of your first year of college?	
What are your areas	s of academic interest?		
Have you received s	scholarships, financial aid, or st	udent loans? Please specify.	
Approximately what		penses will be covered by scholarships and what percent 2019?	ntage
		ttending school?	
Do you have part-ti	me employment presently and,	if so, where are you employed?	
		to attend college?	
	ber of your immediate family at al aid from any source(s)?	ttend college in the school year 2018-2019 and, if so,	will
	t, tell us in which school activition	es you were involved, what responsibilities you had, and rning experiences.	nd
Tell us about the co	mmunity services in which you	have participated and what role you played in each.	
Write a short paragi	raph explaining why this schola	rship would be important to you.	
Include a recommer	ndation from a teacher or quida	nce counselor in addition to this application.	

APPLICATION DEADLINE – APRIL 11, 2018
SEND TO: Evalyn Brownstein, 497 Claremont Avenue, Teaneck, NJ 07666

Please include your photo if possible.