

SCHOLARSHIP APPLICATION-2020

Applicant's Name:			
Address:			-
Phone #:	Cell#:	E-mail address:	
Please list the family m	nembers who live at home with	ı you	
Current High School		Grade point average	
Are you a member of t	he Jewish faith?		
Which college or unive	rsity will you attend in Septem	ber 2020?	
Location	Estim	ated cost of your first year of college? _	
What are your areas of	academic interest?		
	olarships, financial aid, or stud		
Approximately what percentage of your college expenses will be covered by scholarships and what percentag will be covered by loans for the school year 2020-2021?			
		ending school?	
		so, where are your employed?	
	be important to your ability to	attend college?	
	of your immediate family attended in from any source(s)?	end college in the school year 2020-202	1 and, if so, will
	us in which school activities you w	vere involved, what responsibilities you had	, and what were your

major accomplishments and/or learning experiences.

Tell us about the community services in which you have participated and what role you played in each.

Write a short paragraph explaining why this scholarship would be important to you.

As soon as possible, request a letter of recommendation from a teacher or guidance counselor in addition to sending this application so that it arrives by deadline. Have them email it to: office@ncjwbcs.org

Please include your photo.