



2018-2019 APPLICATION FOR JSSA SCHOLARSHIPS AND EDUCATIONAL ASSISTANCE

Mail to: JSSA
Attn: Scholarships
200 Wood Hill Road
Rockville, MD 20850

Telephone: 301-610-8370
Email: scholarships@jssa.org

Please print clearly and answer all questions. If a question does not apply to you, please indicate N/A or None.

All of the following must be received no later than May 3, 2018.

| | Sent | Received |
|---|------|----------|
| 1. Application. | | |
| 2. Your most recent official high school or college transcript of grades. | | |
| 3. Score reports: SAT, SAT Subject Tests, ACT, AP, IB, GRE, GMAT, Etc. | | |
| 4. Resume or summary of your extracurricular and summer activities including employment, and volunteer experience. Please list your activities in approximate order of their importance to you and include time spent in hrs/wk and wks/yr. | | |
| 5. Personal statement that helps the scholarship committee know you better. | | |
| 6. Letter of Acceptance from the college or graduate school you will be attending. | | |
| 7. Financial Aid Award Letter from the college you will be attending, unless you are not applying for a scholarship based on financial need. | | |
| 8. Copy of your FAFSA report and the cover letter showing the EFC amount. | | |
| 9. If applying for the Gibson Scholarship, follow the instructions on the Gibson Requirement Sheet. Provide two letters of recommendation. | | |

Name: _____ Sex: M _____ F _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date of Birth: _____ Place of Birth: _____

Social Security or Alien Registration Number: _____

Religion: _____

School you are attending in 2017-2018: _____

School you will be attending in 2018-2019: _____

What other schools have you applied/been accepted to: _____

Cost for one year, including tuition, room, board, books and required fees: _____

Intended field of study or current major: _____

Possible career choice: _____



IF YOU ARE A DEPENDENT

PARENT OR GUARDIAN 1:

Name: _____

Place of Birth: _____

Telephone: _____

Occupation: _____

Marital Status: _____

PARENT OR GUARDIAN 2:

Name: _____

Place of Birth: _____

Telephone: _____

Occupation: _____

Marital Status: _____

If parents are divorced, and only one income is reported on the FAFSA, will both parents be contributing to your education? If YES, list any income not included on the FAFSA. If NO, please explain.

If you have siblings, list their names, ages, school for 2018-2019, and grade.

IF YOU ARE NOT A DEPENDENT

Occupation: _____ Full time ____ Part time ____

Spouse's Occupation: _____ Spouse's Income: _____

Dependents other than children: _____

If you have children, list their names, ages, school for 2018-2019, and grade.



ALL APPLICANTS: FINANCIAL INFORMATION

If you are already enrolled in school, how have your studies been financed to date? If you received financial aid in the past, please submit copies of your award letter(s) with this application.

List all assets that you and each of your parents (even if divorced) have, including trusts, savings, investments, retirement, residence, etc.

Value of Home: \$ _____ Trusts: \$ _____

Savings/Checking: Parents \$ _____ Applicant \$ _____

Retirement: \$ _____

Other—Please describe: _____

If you or your parents own a business, what is the taxable income of the business?

List any outstanding debts.

Mortgage: \$ _____ Rent: \$ _____ Car Payment: \$ _____

Credit Cards: \$ _____ Student Loans: \$ _____

Other—Please describe: _____

If you or your family has any unusual financial burdens or expenses, please explain.

Do you or will you receive any help to finance your education?

If you do not receive any financial aid, how do you plan to finance your education?



ADDITIONAL INFORMATION (for specific scholarships)

| | YES | NO |
|---|-----|----|
| Are you under the age of 30? | | |
| Are you a senior in a Montgomery County public high school? | | |
| Are you a Jewish resident of the Washington Metropolitan area? | | |
| Are you a U.S. Citizen? | | |
| If you are not a U.S. Citizen, are you working towards your citizenship? | | |
| Will you be a full-time student in an accredited four-year undergraduate program? If so, which one? | | |
| Will you be a full-time student in an accredited community college, two-year program, or vocational program? If so, which one? | | |
| Will you be attending a graduate or postgraduate school? If so, which one? | | |
| Will you be studying in Israel for the 2018-2019 school year? If so, which program? | | |
| Will you be studying abroad in 2018-2019? If so, which program and where? | | |
| Have you been accepted into a full-time graduate program in Jewish communal service? If so, which one? | | |
| Do you intend to work professionally in the Jewish community upon graduation? | | |

If you wish, you may use this space for additional information.

How did you learn about JSSA's Scholarships and Educational Loans?

I certify to the accuracy of the answers given above. If assistance is granted to me, I promise to promptly answer all letters pertaining thereto, to keep the JSSA informed of any change in my contact information, and to respond to yearly evaluations. If my award is from the Jewish Educational Loan Fund, I agree to repay the loan as specified in the promissory note.

I hereby give my permission for the staff of JSSA to contact the references I have listed and to forward my application and any attachments or references to the Scholarship Committee. I also give my permission for JSSA staff to share information relevant to my application among and with Scholarship Committee members.

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



MORTON A. GIBSON MEMORIAL SCHOLARSHIP REQUIREMENT SHEET

If you are applying for a Morton A. Gibson Memorial Scholarship, please answer all of the following questions, submit an essay (less than 500 words) describing your volunteer service, and provide two letters of recommendation (one of which relates to your volunteer services).

1. List all volunteer service you have performed in the Greater Washington Jewish community or under the auspices of a local Jewish agency or organization, including name of agency or organization, supervisor, dates, and number of hours worked.

2. List any awards or recognition you have received for your volunteer service.

3. Did this volunteer service meet any high school graduation requirements? () Yes () No
If additional volunteer service was performed to meet such requirements, please explain.

4. If volunteer service was performed in another community or under the auspices of a non-Jewish agency or organization, list such service and dates.
