



The Endowment
Jewish Federation of Western CT, Inc.
444 Main Street North, Southbury, CT 06488
203-267-3177

College Scholarship Application Instructions

The Grants & Allocations Committee encourages you to review the entire application before making your decision to apply. If you have any questions, please don't hesitate to contact the Federation Grants grants@jfed.net or call 203--267-3177, ext. 316.

Directions: Our form is easy to use. Just download the form, click in the boxes and type your data in the forms. Finally, save it and email it to the address above, along with a copy of your official transcript, your EFC report and each letter of recommendation.

A Completed Scholarship Application Includes Your Signed Application, One Official Transcript, Your EFC Report and Two Letters of Recommendation.

- The Committee accepts complete application packages only
- Applications must be received no later than **August 15, 2020**.
- All applicants must be in good standing with their current institution (not on academic or other probation.)
- The Committee recommends that you give thoughtful consideration to crafting a compelling essay.
- Scholarship awards will be announced on August 30, 2020.
- The application is an electronic form that can be completed online, printed, and sent with all other application materials.

Personal Information

Name:

Address:

City, State, Zip:

Telephone #:

Cell Phone #

Date of Birth:

Email Address:

List all family members living in household (excluding self)

Name	Age
1	
2	
3	
4	
5	
6	
7	

Religion: Jewish Other

Will you be applying for other scholarships/grants? If yes, please list here with anticipated or past award amounts:

1.

2.

3.

Do you plan to live with parents? On campus Off Campus Housing? **If there are unusual financial circumstances please explain here:**

Financial Information – Anticipated Cost of One Year of Education

Tuition \$

Room and Board \$

Textbooks \$

Supplies \$

Transportation \$

Other Expenses \$

Total Anticipated Cost \$

Expected Family Contribution from FAFSA Score:

(NOTE: Copy of report showing EFC is required to be eligible for consideration)

Anticipated Financial Resources

Parent Contribution \$

Work-Study Income \$

Student Loans \$

Confirmed Grants \$

Confirmed Scholarships \$

Summer job \$

Part-time employment \$

Other Source(s) \$

Total Resources \$

Outstanding Loans

Anticipated Need this school year

Total:

Total:

Academic Information

Status – check appropriate box and complete requested data

Entering College Freshman – provide your High School’s name

Continuing Undergraduate Studies - please state your major and year you expect to graduate

Other _____

If entering freshman, please list the institutions to which you have applied in priority order. Place an asterisk next to those to which you have been accepted:

- 1.
- 2.
- 3.
- 4.

List any academic honors and awards received:

- ✓
- ✓
- ✓

List organizations, activities, offices in which you have been active:

- ✓
- ✓
- ✓
- ✓

If the amount of any award granted to me by this scholarship is in excess of my need, the overage will be returned. To the best of my knowledge, the above information is true and accurate.

Signature: _____

Date: _____

Signature of Parent or Guardian _____

Date: _____

The committee desires a carefully and thoughtfully prepared essay to be completed annually. Please provide an essay (500 words or less) to introduce yourself to the committee, sharing a sense of your interests, goals, values, and achievements:

LETTERS OF RECOMMENDATION

The Committee requires two letters of recommendation, one academic, and one personal. In order to be considered for any scholarship, the letters must be postmarked no later than **August 15, 2020**. Please complete two of the following forms and give to the persons making the recommendations for you.

To the Applicant:

I, _____

Hereby request _____ to complete a recommendation letter for me.

Note: I am aware of the rights afforded me by the Federal Educational Rights and Privacy Act of 1974, as amended, and hereby waive my rights to examine the contents of this letter, provided that it is used solely for the purposes for which it was requested.

IF YOU DO NOT CHOOSE TO WAIVE YOUR RIGHTS, DO NOT SIGN THIS WAIVER.

Applicant's Signature: _____ Date: _____

(Type below)

Instructions for the Recommender;

This Letter of Recommendation must be postmarked and sent to the Endowment – Jewish Communities of Western CT, Inc., 444 Main Street North, Southbury, CT 06488, **no later than August 15, 2020**. Failure to meet this deadline may make this student ineligible for a scholarship. If the student does not sign the Waiver Statement, this letter may not be confidential. Please type your evaluation of the above-named student identifying his/her contributions to the high school, college, university, and/or community, referring to one or more of the following categories: scholarship, leadership, character, service. Please use your own letterhead and staple your letter to this form.

Name of Recommender

Recommender's Address (Area Code) Phone Number

Signature of Recommender

Recommender's Title/Position