



SCHOLARSHIP APPLICATION 2023-24

Dear Scholarship Applicant,

The National Council of Jewish Women (NCJW)-Valencia Shores Section is pleased to offer \$1,500 scholarships. We are a grassroots organization of volunteers and advocates who turn progressive ideas into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children, and families and works toward safeguarding individual rights and freedoms.

Following are the eligibility requirements:

- Jewish applicant
- Financial Need
- Will attend an undergraduate course of study at an accredited two or four year college or an accredited vocational/technical school
- Excellent character traits
- Palm Beach County resident
- Official High School transcripts
- Two completed Applicant Recommendation forms
- Parent completed financial form and 2022 or 2023 tax return

The applicant must personally complete and submit all pages of the Scholarship Application with the school transcript and two completed Recommendation forms in a packet postmarked by Wednesday, March 6, 2024. Send to Ms. Sandra Platzman 8178 La Jolla Vista Lane, Lake Worth, FL33467.

Recipients will be notified in early April and will be invited to attend our annual scholarship program on Wednesday, April 17, 2024 at 6:45PM at the Valencia Shores Social Hall, 7751 Valencia Shores Drive, Lake Worth, FL 33467. Recipients are invited to bring guests and may speak about themselves for up to 2 minutes. Scholarships will be distributed at the awards ceremony or when an acceptance letter from the college or technical school is submitted thereafter.

Please return the application to Ms. Sandra Platzman, 8178 La Jolla Vista Lane, Lake Worth, FL 33467, or by email sandymae41@gmail.com. Feel free to call if you have questions or concerns. 561-968-4415



APPLICANT INFORMATION

Name: Last _____ First _____ Date of birth(m/d/y) _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

HOUSEHOLD INFORMATION

Parent//Guardian name _____

Parent/Guardian name _____

Parents' marital status: Married ___ Divorced ___ Separated ___ Single ___ Widowed ___

Phone _____

Does your family own your home? Yes ___ Mortgage payment _____ No ___

Other adult(s) in the home. Name(s) and relationship to applicant

Other child(ren)	Ages	Relationship to Applicant
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HIGH SCHOOL DATA

School name _____ Phone _____

School address:

SCHOLARSHIP APPLICATION

Applicant's Name _____

Provide the information below in essay form to each question. Please use a separate page.

1. What circumstances have created a financial need and other challenges for your family? How has that personally affected you?
2. Why do you feel NCJW should choose you for the scholarship? Mention any other relevant information you would like to have us take into consideration. (community service beyond the hours required for graduation, employment, special accomplishments, challenges that you've overcome, home responsibilities, etc.)
3. Have you applied for any other scholarships or loans based on financial need or academic merit?

	Applied	Qualified/Received	Amount
FAFSA	_____	_____	_____
Bright Futures	_____	_____	_____
Other Including scholarship from camp _____	_____	_____	_____

Do you have an IEP? Yes____ No_____

Is our family receiving free or reduced lunch, or state or federal subsidies? Yes____No____



APPLICANT RECOMMENDATION

To be completed by an involved adult who is familiar with your family circumstances that would make you eligible.

You have been asked to provide information in support of a scholarship application. We appreciate your time and effort. Please use additional pages if necessary.

Applicant's name _____

Your name _____ Title _____

Telephone number _____ Relationship to applicant _____

How long have you known this applicant? In what capacity?

Are you aware of any extenuating financial or other personal circumstances that make this scholarship important for the applicant? If so, please explain.

Why do you believe that this applicant should receive this NCJW scholarship?

Signature _____ Date _____

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Signature _____ Date _____

TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN OF THE APPLICANT

Student's Name _____

Parent/Guardian's Name _____

Job/Position _____ Current employer _____

Parent/Guardian's Name _____

Job/Position _____ Current employer _____

Please provide us with any additional information that may affect your ability to fund college. Please include financial information, critical family issues such as loss of income, medical issues, siblings' needs, or additional extenuating circumstances or responsibilities that make it difficult to afford college.

To help us determine financial need, please provide the first two pages of your 2022 or 2023 1040 tax forms which indicate your taxable income.

If you prefer to send this information directly and not enclosed with the student's application, please send it to: Sandra Platzman, 8178 La Jolla Vista Lane, Lake Worth, FL 33467 by March 6, 2024. Call if you have any questions- 561-968-4415

Print name _____

Signature _____ Date _____