



## SCHOLARSHIP APPLICATION 2025

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
- 2023 or 2024 1040 tax return (first 2 pages only)

**The applicant must personally complete the relevant pages of the Scholarship Application and include the transcripts.** The two Recommendation forms, the parent form and the tax returns can be sent separately. All documents must be postmarked by Thursday, March 6, 2025, sent to Sandra Platzman, 8178 La Jolla Vista Lane, Lake Worth, FL33467.or by email (sandymae41@gmail.com). Feel free to call if you have questions (561-968-4415).

Recipients will be notified in early April and invited to attend our annual scholarship ceremony on Thursday, April 24, 2025 at 6:45PM at the Valencia Shores Social Hall, 7751 Valencia Shores Drive, Lake Worth, FL 33467. Recipients may bring guests and plan to 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.

**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.

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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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.

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

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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.

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**To help us determine financial need, please provide the first two pages of your 2023 or 2024 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, 2025. Call if you have any questions- 561-968-4415

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_