**SCHOLARSHIP APPLICATION INSTRUCTIONS**

It is easy to apply for a scholarship from the Jewish Community Foundation. First, determine whether you satisfy the following criteria:

* Be accepted or currently enrolled at an accredited institution of higher learning located in the United States (or associated with a U.S. institution)
* Be a current resident of the Greater Hartford, Connecticut region
* Satisfy unique criteria of specific scholarship funds including, in most cases, demonstration of financial need and being of the Jewish faith

If you do satisfy these criteria, then simply follow **all of the steps** below. Be sure to submit everything listed here. We cannot consider incomplete applications. ***Note****:* If you are applying for a scholarship for graduate school, please see the box **SPECIAL INSTRUCTIONS FOR GRADUATE STUDENTS** on the following page and provide all requirements.

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1. **Complete the General Scholarship Application.** Send only **one** copy of the completed application to apply for all Jewish Community Foundation scholarships.

The application can be saved on your computer and completed in MS Word. Tofill in the application, tab between fields and type your information. Click in the checkboxes where appropriate to make your selection. An arrow will appear if a field includes a drop-down menu – click on your selection. Some boxes will expand to accommodate additional text. Grey shaded boxes and gridlines will not appear on the printed document. **NO HANDWRITTEN RESPONSES PLEASE.**

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1. **Complete the Jewish Community Foundation Student Financial Worksheet.**  This form must accompany your application and if you wish to be considered for a scholarship from the Jewish Community Foundation. **Please be sure to include the first 2 pages of the current IRS 1040 (please black out all Social Security Numbers)**.
2. **Attach a copy of your official transcript.** For high school students, it should include the courses you have taken, your grades, GPA, class rank (if available) and SAT and/or ACT scores. If you have already taken college classes, also include a copy of your college transcript. **College students**, submit only your official college transcript.

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1. *New Applicants* - **Attach a letter of acceptance from the college or graduate school you plan to attend** (please note – you must be attending a school located in the United States or a school with an official affiliation to a school in the U.S.).

□

1. *High School Seniors and New Applicants to the JCF Scholarship Program*: **Attach a copy of the essay you submitted with your college application.** If you did not have to submit one, write a brief (no more than two pages) essay regarding your future goals.

□

1. **Attach an essay on your goals and the meaning behind receiving a scholarship from the Jewish Community Foundation of Greater Hartford,** a public charitable foundation supported by gifts and bequests from members of the Greater Hartford Jewish community.

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1. **Attach a completed Student Aid Report (SAR).**  If you haven’t received your SAR, check the box on the application cover sheet “checklist” and send it when you receive it.

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1. **Mail everything to:** Scholarship Program

 Jewish Community Foundation of Greater Hartford

 333 Bloomfield Avenue, Suite D

 West Hartford, CT 06117

You may scan all documents into a pdf and e-mail to grants@jcfhartford.org . Scanned documents still require signatures where indicated on all forms.

**Your application must be postmarked by April 15, 2022.** Applications postmarked after that date will not be considered. You will be notified when your application is received.

**Questions?** Call 860.523.7460 and ask for the scholarship coordinator.

**SPECIAL INSTRUCTIONS FOR GRADUATE STUDENTS**

If you are a graduate student or a college student applying to graduate school, you must complete the entire application package, except as noted here:

* On the General Scholarship Application (see step 1, above), you need not fill out your high school educational history.
* Complete the College Applications section of the General Scholarship Application. List the graduate schools applying to and status. **(Please indicate which school attending, if known)**
* Attach a copy of the essay you submitted with your graduate school application (if this is the first time applying as a graduate student). If you did not have to submit one, write a brief (no more than two pages) essay regarding your future goals. In addition, all applicants must submit the essay in Step 6 above.
* Attach a copy of your resume.

**Instructions:** Tabbetween fields. Click in the checkboxes to make a selection. An arrow will appear if a field includes a drop-down menu – click on your selection. Some boxes will expand to accommodate additional text. Grey shaded boxes and gridlines will not appear on the printed document.

**General Scholarship Application**

Cover Sheet

I have enclosed the following materials.

*(Please note that incomplete applications may be ineligible for consideration.)*

|  |
| --- |
|[ ]  General Scholarship Application Cover Sheet |
|[ ]  Official high school transcript (grades, GPA, class rank (if available), and SAT/ACT scores) |
|[ ]  Official college transcript (if you have taken any college courses) |
|[ ]  SAR (Student Aid Report) |
|[ ]  I have not yet received my SAR but will send it to you by  | Enter Date. |  |
|[ ]  Essay(s) – see instructions |

**Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full legal name: | Last Name | First Name | Middle |
|  | LAST | FIRST | MIDDLE |
| Date of Birth: | Date of Birth | Sex:  | Select |
| Mailing address: | Address |
| Cell Number: | (xxx) xxx-xxxx | Email address: | Email |

**Educational History**

HIGH SCHOOL

|  |  |
| --- | --- |
| Name: | High School Name |
| Address: | Address | Phone: | (xxx) xxx-xxxx |
| Guidance Counselor's Name: | Name | Actual or Expected graduation date: | MM/YY  |
|  |  |  | MM / YY |
| If you have attended more than one high school, please attach a separate piece of paper with the high school name(s), address(es), dates you attended, and reason for leaving. |

COLLEGE

If you have not taken any college courses, leave this section blank.

|  |  |
| --- | --- |
| College Name: | College Name |
| Address: | Address | Phone: | (xxx) xxx-xxxx |
| Academic Advisor's Name: | Advisor’s Name |
| I am a [ ]  full-time [ ]  part-time college student. | Actual or Expected graduation date: | MM/YY |
|  |  |  | MM / YY |
| If you have attended more than one college, please attach a separate piece of paper with the college name(s), address (es), dates you attended, and reason for leaving. |

**Employment History**

If you have worked regularly, please include it below. You may list the informal work that you have done such as baby-sitter, chore-helper, or other similar type of work, but you do not need to provide the names of the families for whom you have worked.

|  |  |
| --- | --- |
| Name of employer: | Employer |
| City, State: | City, State |
| Type of work: | Describe |
| Dates employed: | from | MM/YY | to | MM/YY | Average number of hours worked per week: | Hours per week |
|  |  | MM / YY |  | MM / YY |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of employer: | Employer |
| City, State: | City, State |
| Type of work: | Describe |
| Dates employed: | from | MM/YY | to | MM/YY | Average number of hours worked per week: | Hours per week |
|  |  | MM / YY |  | MM / YY |
| If you have had additional employers, please attach on a separate sheet of paper the name of the employer(s), city, state, type of work, dates employed, and average number of hours worked per week. |

**Volunteer and Community Service**

|  |  |
| --- | --- |
| Name of organization: | Organization |
| City, State: | City, State |
| Type of service: | Describe |
| Dates volunteered: | from | MM/YY | to | MM/YY | Average number of hours volunteered per week: | Hours per week |
|  |  | MM / YY |  | MM / YY |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of organization: | Organization |
| City, State: | City, State |
| Type of service: | Describe |
| Dates volunteered: | from | MM/YY | to | MM/YY | Average number of hours volunteered per week: | Hours per week |
|  |  | MM / YY |  | MM / YY |
| If you have had additional volunteer and community service experiences, please attach on a separate sheet of paper the name of the organization(s), city, state, type of service, dates volunteered and average number hours volunteered per week. |

| **Extracurricular, Sports, and other Activities**Briefly list the clubs, sports, and other activities in which you have been involved, and indicate any leadership positions held, awards, or accomplishments. *(Boxes will expand as you type.)* |
| --- |
| Activity | Positions, Awards, Accomplishments |
| Activity | Details |
| Activity | Details |
| Activity | Details |
| Activity | Details |
| Activity | Details |
| Activity | Details |

**College Applications**

List the name(s) of the college(s) or graduate school(s) you have applied to and the status of your application(s). If you are already enrolled in college or graduate school, leave this section blank.

|  |  |  |
| --- | --- | --- |
| Colleges Applied To: **(Please indicate which school attending, if known)** | Status | Amount of Financial Aid offered by college |
| Name of School | Status | $amount |
| Name of School | Status | $amount |
| Name of School | Status | $amount |
| Name of School | Status | $amount |
| Name of School | Status | $amount |

**Field of Study**

|  |  |
| --- | --- |
| College Major(s): | Major(s) |
| Graduate School Major:(Complete only if you are in or entering graduate school) | Major |
| Future Career Goals:*(Box will expand as you type.)* | Goals |

**Other Scholarships**

| Please list the name(s) of any other scholarship(s) you have applied for, and the status of your applications. |
| --- |
| Scholarship Name: | Name |
| Awarding Organization: | Click here to enter text. |
| Amount applied for: | Amount | Status: [ ]  pending [ ]  awarded  | $ Amount | [ ]  denied |
|  |  |
| Scholarship Name: | Name |
| Awarding Organization: | Click here to enter text. |
| Amount applied for: | Amount | Status: [ ]  pending [ ]  awarded  | $ Amount | [ ]  denied |
|  |
| Scholarship Name: | Name |
| Awarding Organization: | Click here to enter text. |
| Amount applied for: | Amount | Status: [ ]  pending [ ]  awarded  | $ Amount | [ ]  denied |
|  |  |
| Scholarship Name: | Name |
| Awarding Organization: | Click here to enter text. |
| Amount applied for: | Amount | Status: [ ]  pending [ ]  awarded  | $ Amount | [ ]  denied |
|  |

**Family Information**

If you are an emancipated minor, head of household, or self-supporting adult, you may leave this section blank.

|  |  |
| --- | --- |
| [ ]  Mother OR[ ]  Guardian (if guardian please indicate relationship to you, e.g. foster parent, aunt, grandmother, sibling, etc.) | Click here to enter text. |
|  |  |
| Name: | Name |
| Address: | Address |
| Phone Number: | (xxx) xxx-xxxx | Email address: | Email Address |
|  |
| [ ]  Father OR[ ]  Guardian (if guardian please indicate relationship to you, e.g. foster parent, uncle, grandfather, sibling, etc.) | Click here to enter text. |
|  |  |
| Name: | Name |
| Address: | Address |
| Phone Number: | (xxx) xxx | Email address: | Email Address |
|  |
| Number of siblings: | # | Ages of siblings: | Ages | Number of siblings attending college in 2022-23 | # |
| Other dependents living in your home, e.g., grandparent(s), relative(s), foster child(ren), etc.: |
| Number: | # | Relationship: | Click here to enter text. |

**Additional Information**

Please use this space to briefly explain any personal or family circumstances or information that you would like the scholarship award committee to take into consideration when reviewing your application:

*(Box will expand as you type.)*

|  |
| --- |
| Click here to enter text. |

The undersigned hereby certifies that the information provided in this application is true to the best of their knowledge. Knowingly providing erroneous or misleading information will render this application ineligible for consideration.

|  |  |
| --- | --- |
|  |  |
| STUDENT APPLICANT SIGNATURE | DATE |
|  |  |
| PARENT/GUARDIAN SIGNATURE (If Applicable) | DATE |

***This application must be printed and signed.***

***Incorrect or incomplete applications may not be considered.***

***Please proofread your application before mailing.***

**Special Criteria**

The Jewish Community Foundation awards scholarships from over 15 different scholarship funds (several award multiple scholarships). While JCF will determine for which scholarships you qualify, it would be helpful to know the following about you.

*Please note, the Foundation has a number of funds that do not require any of the following criteria. If you do not meet any of them, this in no way means you will not qualify for a scholarship. We have many opportunities and encourage you to submit your application.*

**Major:**

Business [ ]

Nursing [ ]

Music [ ]

Engineering [ ]

Non-Profit Management [ ]

Education (Teacher) [ ]

Jewish Studies [ ]

Vocational education [ ]

**Synagogue membership(s)** **:** Full Name

**Other Synagogue affiliations (current or prior):**

Temple B’nai Israel (New Britain) [ ]

Tefereth Israel (New Britain) [ ]

Beth Tefilah (East Hartford) [ ]

**Resident of Bloomfield** [ ]

**Immediate family member (blood relative) is Sephardic** [ ]

**Employee (or family member of employee) of The Travelers** [ ]

**STUDENT FINANCIAL WORKSHEET**

To be considered for a Jewish Community Foundation scholarship, you must complete this form.

**Student Name:** Full Name **Date of Birth:** Date

**Family Information**

Applicant: Occupation Occupation Spouse/ Occupation Occupation

 2021 Gross Income $ Amount Partner: 2021 Gross Income $ Amount

Father: Occupation Occupation Mother: Occupation Occupation

 2021 Gross Income $ Amount 2021 Gross Income $ Amount

***If you are a dependent, please attach a copy of pages 1 and 2 of your parents’ most recent completed federal tax Form 1040. If you are independent, please submit your own.***

***In addition, please include any letter(s) received of Grants, Scholarships or Loans awarded. If you have not yet received notice of financial aid from your school, please indicate the amount received in the current academic year (if applicable).***

**Household Finances**

**Home** Rent [ ]  Own [ ]

 Monthly rent $ Amount Monthly mortgage payment $ Amount

**Real Estate Holdings other than your family residence** (*include year purchased, cost, market value, mortgage balance, etc.):* Click here to enter text.

**Investments** (i.e. IRA, stocks, mutual funds, bonds, CDs; list each and current value):

Click here to enter text.

**Present Cash**: (applicant) Savings $ Amount Checking $ Amount

 (parents) Savings $ Amount Checking $ Amount

**Family Business**, if owned, and percent of ownership: Click here to enter text.

**Outstanding Loans** (other than mortgage and automobile) with amount due: Click here to enter text.

**Other income** (not reflected in IRS 1040): Click here to enter text.

**Budget Worksheet Instructions**

Please read carefully to insure the Budget Worksheet is completed properly.

**Expenses**

**Tuition/Fees**

* Please refer to your college’s website

**Room & Board**

* If living in a dormitory, please refer to your college’s website for Dormitory and Meal Plan expenses.
* If living off campus (*not* with parents or other relative) in an apartment, please calculate rent for the school year only. You may also include an estimated amount in the total for what you anticipate spending on food (i.e. grocery shopping and *not* late night pizza & wings, etc). Do *not* include the cost of utilities, cable, internet, etc.
* If living with your parents or a relative, please leave this line blank unless you have a personal financial responsibility. The Foundation will factor in a cost.
* If you own a home and have a mortgage, please write mortgage in this line. Do *not* include the cost of utilities, cable, internet, etc. The Foundation will factor in a cost for food and other household expenses.

**Resources**

**Parents Assistance/Family Assistance –** Include actual funds (cash) that your parents or other family members will contribute for the upcoming school year only. *Do not include loans*. Please do not use a “plug-in” number that simply brings your deficit to $0.

**Trusts, Inheritance, Investments/Savings** – Include funds you will use (i.e. from a 529 savings account or other sources) this school year only.

**Grants or Scholarship Awards** – include any funds from your College as well as any other scholarships awarded.

**Aid, Stipends, Fellowships/Work Study** – include any need-based aid from your college or stipends and fellowships.

**Budget**

 List applicant’s school expenses and resources. **ALL APPLICANTS MUST COMPLETE FORM**

|  |
| --- |
| **Name of School:** Name |
| **Resources****for 2022-23 school year**  |  | **Expenses****for 2022-23 school year**  |  |
| Parent(s) Assistance (*not* loans) | $ Amount | Tuition/Fees | $ Amount |
| Family Assistance (*not* loans) | $ Amount | Room and Board | $ Amount |
| Trusts/Inheritances/Investments | $ Amount |  |  |
| Savings | $ Amount |  |  |
| Summer Earnings | $ Amount |  |  |
| Other Employment | $ Amount |  |  |
| Veterans’ Benefits | $ Amount |  |  |
| Grant or Scholarship Awards |  |  |  |
|  1. Grant/Scholarship | $ Amount |  |  |
|  2. Grant/Scholarship | $ Amount |  |  |
| Aid, Stipends, Fellowships |  |  |  |
|  1. Fellowship/Stipend | $ Amount |  |  |
|  2. Fellowship/Stipend | $ Amount |  |  |
| Work Study | $ Amount |  |  |
| Other | $ Amount |  |  |
|  | $ Amount |  |  |
| **Total Resources** | $ Amount | **Total Expenses** |  |
| **Deficit** | $ Amount |  |  |

Student Applicant: Date

**CURRENT COLLEGE STUDENTS – PLEASE LIST ALL GRANTS, SCHOLARSHIPS & AID FOR CURRENT YEAR**

|  |  |
| --- | --- |
| Financial Aid | $ Amount |
| Grant or Scholarship Awards |  |
|  1. Grant/Scholarship | $ Amount |
|  2. Grant/Scholarship | $ Amount |
|  3. Grant/Scholarship | $ Amount |
| Aid, Stipends, Fellowships |  |
|  1. Fellowship/Stipend | $ Amount |
|  2. Fellowship/Stipend | $ Amount |
|  3. Fellowship/Stipend | $ Amount |
| Work Study | $ Amount |