Dear Student:

Thank you for applying for a scholastic grant from The Jacobson Jewish Community Foundation (JJCF). Thanks to the generosity of the late Gerald Ward, whose goal was to help Jewish students pursue a graduate school education, we are pleased to provide a limited number of scholarships to Jewish students living in South Palm Beach County, Florida (Boca Raton, Delray Beach and Highland Beach) for graduate school education. Scholarship requests are confidentially reviewed by our Scholarship Committee and approved by the Jewish Community Foundation's Board of Trustees once a year, in late spring.

Please note: Applying does not guarantee you will receive funding, as our limited funds may impede granting of scholarships.

Scholarship Eligibility:

- Only students whose primary residence is within South Palm Beach County (Boca Raton, Delray Beach and Highland Beach) are eligible to receive financial assistance from the Jacobson Jewish Community Foundation.
- For graduate school scholarship requests, the JJCF will only provide assistance toward tuition, room and board (if living away from home) and/or books.
- Scholarship dollars must be used within the time frame and for the purpose for which it was intended.

Scholarship Process:

To apply for funding, please submit the attached Grant Application Form along with the following items:

- A typed letter from the student (no more than one page) describing your Jewish community involvement, family history, course of studies, education/career goals and objectives. Please indicate financial need and disclose any financial aid/scholarships you are receiving or may receive from other sources. Parents may also include a brief statement.
- Your most recent income tax return or that of your parents if they claim you. Please include any Schedule E, other schedules and/or information regarding family/individual income from all sources.
- Acceptance letter from the institution indicating enrollment (first time applicants).
- List of registered classes and/or itinerary and breakdown of costs from the institution.
- Scholarship checks will be made in the name of the institution and mailed directly to the institution.
- Applications are for the upcoming or current year only. Students must resubmit a new application each year.

Note: Incomplete applications, including lack of sufficient documentation requested and omissions or untruthful statements will not be considered for funding. All information must be current and accurate. All requested documents and application must be received at one time. Do not send items as you have them. Please mail completed applications or email as a PDF. JPEGs will not be accepted.

Deadline for Fall 2020: Graduate School Scholarship, Monday, June 1, 2020

If you have questions or to check the status of a scholarship request, please contact:

Jacobson Jewish Community Foundation
9901 Donna Klein Blvd.
Boca Raton, FL 33428
Lottie Nilsen
Associate Vice President, Foundation Development
PH: 561-852-3109 Fax: 561-852-3150
Email: lottien@bocafed.org
JACOBSON JEWISH COMMUNITY FOUNDATION

2020 SCHOLARSHIP REQUEST FORM

Deadline for the Gerald Ward Graduate School Application:

Monday, June 1, 2020

(Please print clearly and in dark ink. Illegible forms will not be accepted.)

Student name ___________________________________________ Date of birth ___________________________

Home address __________________________________________ City __________________________ State: ______ Zip code __________

Mailing address __________________________________________ City __________________________ State: ______ Zip code __________ (If different from home)

Student Cell phone __________________________ E-mail __________________________________________

Does student reside with parents? YES □ NO □ IF Yes, Rent □ Own □

Name of Institution __________________________________________

US Mailing Address for financial aid __________________________________________

Semester start date and duration __________________________ Graduate School Year: __________________________

Expected Graduation Date and Degree __________________________ Student ID# __________________________

Sibling names and ages __________________________________________

Previous education and years attended __________________________________________
(High School, College, Preparatory, Vocational, etc.)

Synagogue affiliation __________________________________________

Jewish community involvement (in or out of school) __________________________________________

Please indicate all forms of financial assistance you are currently receiving to attend this institution and scholarship amount __________________________________________

Referral source __________________________________________ Are you enrolled in the Florida Prepaid program? ____________
(Print ad, website, other organization, student, etc.)

I WOULD BE WILLING TO SPEAK AT A JJCF BOARD OF TRUSTEES MEETING OR EVENT: YES □ NO □

A part of the requirement for receiving the Grant is your commitment to participate in a community service project for a minimum of 18 hours, which will be fulfilled on your honor. Signing this scholarship request indicates your acceptance of this condition.

Please Note: The undersigned hereby attests that the information provided is current and accurate. Fraudulent information may cause this application and all future requests to be rejected by the Jacobson Jewish Community Foundation Scholarship Committee.

_________________________________________   __________________________________________
Student Signature                  Date