Dear Scholarship Applicant,

The National Council of Jewish Women (NCJW)-Valencia Shores Section is pleased to offer $1000 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 2020 or 2021 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 Tuesday, March 1, 2022. Send to Ms. Ann Albersheim, 7928 Royal Lace Terrace, Lake Worth, FL 33467.

Recipients will be notified in early April and will be invited to attend our annual scholarship and installation program on Wednesday, April 6, 2022 at 6:45PM at the Valencia Shores Social Hall, 7751 Valencia Shores Drive, Lake Worth, FL 33467. Recipients are invited to bring two 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.

If you are planning to apply, please contact Ms. Ann Albersheim at 561-434-0725 or by email at aaamike@yahoo.com. Feel free to call if you have questions or concerns.
APPLICANT INFORMATION

Name: Last ___________________________ First _________________________
Address ___________________________________________________________
City ___________________________ State ___________ Zip code ___________
Date of Birth: Month/Day/Year _______________________________________
Home Phone __________________________ Email _______________________
Cell Phone __________________________

HOUSEHOLD INFORMATION

Parent(s)/Guardian Names _____________________________________________
Cell Phones __________________________
Other Adult(s) Name(s)       Relationship to Applicant
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Other child(ren)       Ages       Relationship to Applicant
_________________________________________________________________
_________________________________________________________________

HIGH SCHOOL DATA

School Name __________________________________________ Phone __________________
School Address: _________________________________________________________
SCHOLARSHIP APPLICATION

Applicant's Name

Provide the information below in essay form. Use additional pages if necessary.

1. What circumstances have created a financial need and other challenges for your family? How has that personally affected you?

2. Have you applied for any other scholarships or loans based on financial need or academic merit?

<table>
<thead>
<tr>
<th>Applied</th>
<th>Qualified/Received</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>FAFSA</td>
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<td>Bright Futures</td>
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<tr>
<td>Other</td>
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3. Do you have an IEP? Yes____ No____

4. 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, etc.)

   ____________________________________________________________
   ____________________________________________________________
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SCHOLARSHIP APPLICATION

1. Please list any awards and honors you may have received and briefly explain their significance.

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<thead>
<tr>
<th>Award/Honor</th>
<th>Significance</th>
<th>Date Received</th>
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2. List your employment history. (If applicable)

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<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates of Employment</th>
<th>Hours/Week</th>
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3. List any community service or volunteer activities in which you have been involved.

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<thead>
<tr>
<th>Activity</th>
<th>Position</th>
<th>Dates of Involvement</th>
<th>Hours/Month</th>
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Student Signature

Date

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APPLICANT RECOMMENDATION

To be completed by an advisor, instructor, supervisor, coach, or clergyman who is familiar with your family circumstances that 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 ________________

Business Address

_____________________________________

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

_____________________________________

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

_____________________________________

_____________________________________

_____________________________________

_____________________________________

_____________________________________

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

_____________________________________

_____________________________________

_____________________________________

_____________________________________

Signature ___________________________ Date ________________
APPLICANT RECOMMENDATION

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____________________________________________________________

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

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Signature ____________________________ Date ________________
TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN OF THE APPLICANT

Student's Name__________________________________________________________

Parent'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 2020 or 2021 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: Ann Albersheim, 7928 Royal Lace Terrace, Lake Worth, Florida 33467

PLEASE PRINT YOUR NAME, SIGN AND DATE.

Print name______________________________________________________________

Signature____________________________________ Date________________________