



## SCHOLARSHIP APPLICATION 2023

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 2021 or 2022 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 8, 2023. 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 and installation program on Wednesday, April 19, 2023 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.

Contact Ms. Sandra Platzman (561-968-4415) or sandymae41@gmail.com 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?

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

	Applied	Qualified/Received	Amount
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FAFSA	_____	_____	_____
Bright Futures	_____	_____	_____
Other	_____	_____	_____

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.

Award/Honor	Significance	Date Received
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_____
_____
_____
_____
_____

2. List your employment history. (If applicable)

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

Activity	Position	Dates of Involvement	Hours/Month
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_____
_____
_____
_____

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## 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

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

**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 2021 or 2022 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 \_\_\_\_\_