

# JEWISH FAMILY SERVICE OF ROCHESTER, INC.

## POLICY ON ELIGIBILITY FOR COLLEGE GRANT

College grant funds are available through a restricted endowment which designates that Jewish youth in Monroe County be helped in meeting their education and vocational goals.

Applicants must meet the following criteria listed below. Please mark yes or no for all that apply.

- Yes     No    Have you explored and exhausted all community and personal financial resources?
- Yes     No    Are you Jewish?
- Yes     No    Is your legal residence in area served by the agency?
- Yes     No    Are you a descendent of a Jewish Children's Home Resident?  
*(not a requirement for receiving a scholarship)*
- Which statement(s) apply to you:
- Yes     No    a)        I derive financial support from my family which lives in the area served by the agency.
- Yes     No    b)        I am financially self-supporting and have lived in the area prior to beginning college.
- Yes     No    c)        I am married to someone who meets condition of a or b above.
- Yes     No    I will be attending an accredited undergraduate school.
- Yes     No    I have a clear educational goal.

**In order for your application to be considered, it is required that the following information is complete and attached to this cover sheet in the order list below. The completed application must be received by June 1<sup>st</sup>**

- Yes     No    Grant application form
- Yes     No    Description of course of study and goals (see page 7 of application)
- Yes     No    Financial Aid Form (FAF or FAFSA)
- Yes     No    If a dependent of your parents, include most recent W2 for yourself as well as your parents
- Yes     No    If married, include your most recent W2 for you and your spouse
- Yes     No    If single include your own most recent W-2
- Yes     No    Most recent academic year high school or college transcript
- Yes     No    Copy of the fee page from the college catalog
- Yes     No    **If you are a first time applicant, arrange for two character references from clergy, teachers, or advisor**
- Yes     No    Sign application form

\_\_\_\_\_ Date you will be starting school

Applicants Name: (please print): \_\_\_\_\_

My signature verifies that the above information is accurate, complete and attached to this cover sheet. I understand that if I fail to submit any of the required information, my application will not be considered.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Have you received a college grant from Jewish Family Service before?  Yes  No

If yes, what years? \_\_\_\_\_

Have you applied for a college grant from Jewish Family Service, but not awarded a grant?  Yes  No

Please indicate if you are a descendent of a Jewish Children's Home resident.  Yes  No

If yes, name of Jewish Children's Home resident and relationship

\_\_\_\_\_

Where did you learn about JFS College Grant?

School Counselor  Website  Media/Newspaper  Friend  Previous College Grant Recipient

Other: \_\_\_\_\_

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**I. Applicant**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Income during preceding 12 months, if any, attach W-2 Forms \$ \_\_\_\_\_

**\*\*If married, skip questions II. – IV.**

**II. Father:**

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Father's Current Gross Annual Income: \$ \_\_\_\_\_

**III. Mother:**

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Mother's Current Gross Annual Income: \$ \_\_\_\_\_

**IV. Brothers & Sisters:**

Name	Age	Marital Status	School or Occupation During Next School Year

**V. Does any immediate family member attend college or other school?**  Yes  No

If yes, how is this financed? \_\_\_\_\_

**VI. If Married, Complete**

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer \_\_\_\_\_

Spouse's yearly gross income: \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* Attach copy of income tax return W-2 tax form**

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**Education**

**VII. High School**

Name of High School \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Grade Point Average: *(attach transcript)* \_\_\_\_\_

Name of college entering: \_\_\_\_\_

**VIII. Transfer Student**

Name of college transferring from: \_\_\_\_\_

Grade Point Average: *(attach transcript)*: \_\_\_\_\_

**IX. College Student**

If already in college or transferring from another college, enter information about the school you will be attending next semester:

School's Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Year entering:     Sophomore         Junior         Senior

Number of Credits to be taken next year:

Anticipated Graduation Date:

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**X. Work During School**

Plans for working during school year. Describe job and expected earnings:

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**XI. Work During Summer**

Plans for working during summer before school year. Describe job and expected earnings:

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**XII. Present Financial Obligations of Applicant**

Please list all outstanding **Educational Loans** below:

**Name of loan:** \_\_\_\_\_  
Granting organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount \_\_\_\_\_  
Repayment obligation \_\_\_\_\_

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Date: \_\_\_\_\_ Amount \_\_\_\_\_  
Repayment obligation \_\_\_\_\_

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Granting organization: \_\_\_\_\_  
Date: \_\_\_\_\_ Amount \_\_\_\_\_  
Repayment obligation \_\_\_\_\_

**Other debts, loans or obligations:**

\_\_\_\_\_  
\_\_\_\_\_

**XIII. Expenses and Income**

Please complete the estimated expenses and income for the school year.

**Expenses:**

Tuition	_____	
Fees	_____	
Books	_____	
Room & Board	_____	
Other	_____	
<b>Total Expenses</b>		<b>\$ _____</b>

**Income:**

Family Contribution	_____
Student Contribution	_____
PELL Grant	_____
Tuition Assistance Program – TAP	_____
Guaranteed Student Loan – GSL	_____
National Direct Student Loan – NDSL	_____
Supplemental Educational Opportunity Grant – SEOG	_____
Higher Education Guarantee Program – HEGP	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**Scholarships**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**List all other sources of income:**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

<b>Total Income</b>	<b>\$ _____</b>
<b>Total Deficit</b>	<b>\$ _____</b>

**Attachments:**

In order for your application to be complete, it is required that the following information is attached:

1. **A brief description of your course of study and goals for the future (Approximately 200 words).**
2. Financial aid form (FAF or FAFSA)
3. W-2 forms ( Self, Parents, Spouse)
3. Most recent academic year high school or college transcript
4. Copy of the fee page from college catalog
5. **If first time applicant, arrange for two character references from clergy, teachers, or advisor.**

My signature attests that to the best of my knowledge all the information I have provided on this application is true and accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Your Information**

It is expected that students will augment their income with summer employment and maintain grades that reflect commitment to their education goals. **Absolute confidentiality will be observed.**

**IN ORDER TO ASSURE TIMELY PROCESSING OF YOUR APPLICATION, ALL APPLICATION MATERIAL  
MUST BE RECEIVED BY JUNE 1ST**

***Decisions will be made in mid August early September.***

If you have questions regarding the application, please contact Barbara Wolfgram, at 461-0110 x 128.

**Completed Applications should be mailed to:**

**Jewish Family Service of Rochester  
Barbara Wolfgram – Scholarship Board of Director  
441 East Ave  
Rochester, NY 14607**