



National Council of Jewish Women

2019 NON-TRADITIONAL STUDENT SCHOLARSHIP PROGRAM

The Sarasota-Manatee Section of the National Council of Jewish Women is a volunteer organization dedicated to improving the quality of life for women, children and families. We are pleased to announce our Nineteenth Annual Scholarship Awards Program, which recognizes and promotes education of the “non-traditional student”. We consider students, male or female, who have returned to school after a hiatus and need financial assistance to reach their goals.

Scholarships are awarded annually, on a non-sectarian, need-based basis for tuition and books. The applicants must meet the following **CRITERIA** and submit all items on the **CHECKLIST**:

- Must be a minimum of twenty-four years of age.
- Must have a gap of at least six years following high school graduation.
- Must hold a high school diploma or GED.
- Must be a legal U.S. citizen and year-round resident of Sarasota or Manatee County.
- Must establish financial need by submitting a printout of the upcoming school year’s Student Aid Report (SAR) reflecting the EFC number from FAFSA, and any other relevant documentation that may be requested.
- Must be registered at an accredited educational institution, which must be a two-year college, a community college, a four-year college, a vocational/technical school, graduate school, or an online program.

SCHOLARSHIP RENEWAL: Recipients must re-apply each year for consideration of renewal of scholarship funds. Applicants are eligible to receive a maximum of two scholarships from NCJW.



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CHECKLIST FOR COMPLETE APPLICATION (PLEASE INITIAL TO REFLECT ACKNOWLEDGEMENT)

1. ____ I am a legal U.S. citizen and am age 24 or older, out of high school for 6+ years, hold a high school diploma or GED equivalent, and am a year-round resident of Sarasota or Manatee County. INCLUDE A COPY OF A UTILITY BILL, DRIVER'S LICENSE, OR GOVERNMENT-ISSUED PHOTO ID FOR PROOF OF RESIDENCY.
2. ____ I have been accepted into my program of choice at a qualified educational facility and am in need of financial assistance to pursue a higher level of education.
3. ____ I have enclosed an **official** transcript (current college students only) or my college acceptance letter (beginning students). THE TRANSCRIPT MUST HAVE THE RAISED SCHOOL SEAL OR BE PRINTED ON SPECIAL UNIVERSITY WATERMARKED PAPER AND NEEDS TO BE IN A SEALED ENVELOPE. UNOFFICIAL TRANSCRIPTS OBTAINED ONLINE ARE NOT ACCEPTABLE. PLEASE NOTE THAT AN OFFICAL TRANSCRIPT CAN TAKE UP TO THREE WEEKS TO OBTAIN.
4. ____ I have completed and enclosed a copy of my 2018-2019 FAFSA Student Aid Report (SAR).
5. ____ I have completed and included my personal statement essay.
6. ____ I have two signed letters of recommendation (check one)
 - a. ____ Enclosed -OR -
 - b. ____ Mailed separately from faculty members/instructors/mentors in your field, or employers, on official letterhead. DO NOT USE FAMILY MEMBERS OR FRIENDS FOR REFERENCE LETTERS.
7. ____ I have completed and reviewed ALL sections of this Scholarship Application.
8. ____ I understand, if selected for a Scholarship, I must be present at the awards ceremony on **Sunday, April 28, 2019** in order to receive the scholarship and to thank the Donor.
9. ____ I have read, understood, initialed, and signed the certification below (Section IX).
10. ____ I am aware that all documents must be received by **5:00PM, on Friday, February 15, 2019**.
FAXED APPLICATIONS ARE NOT ACCEPTED.

We have enclosed our application forms, and all students who demonstrate a financial need and meet the criteria are encouraged to apply. Duplicate copies of the application may be made.

The application deadline is **5:00 PM ON FRIDAY, FEBRUARY 15, 2019**.

PLEASE mail your applications to:

NCJW SCHOLARSHIP FUND COMMITTEE:

Julie Kupersmith, 4685 Royal Dornoch Circle, Bradenton, FL 34211

Email kupersmithjulie@gmail.com or call (765)661-2820 if you have any questions.

The completed scholarship application and its attachments must be received **NO LATER than Friday, February 15, 2019 at 5:00 PM**. **LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**. The application must be filled out, in its entirety, and submitted with accompanying materials at the same time, unless official documents are being forwarded directly by the school or by individuals providing reference letters. If you are mailing your application, be careful to apply the **CORRECT** amount of postage. Failure to do so will result in the application and its attachments being returned to you.



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NCJW 2019 SCHOLARSHIP APPLICATION

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell _____ Email _____ Student ID _____

Age _____ Date of Birth ____/____/____ Last 4 digits of Social Sec. # _____

I am (check one) ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
___ Single parent: please note number of dependent children living at home _____

Number of dependent children for whom you and/or your spouse/partner provide support _____

Are you currently supporting any children attending college or vocational school? ___Y___N

I. HOUSEHOLD EMPLOYMENT INFORMATION:

Current employer: _____ OR ___ N/A

Address _____ Phone: _____

Position: _____ # hours per week _____

If your spouse/partner contributes to your financial support, complete the following:

Name of Spouse/Partner _____

Spouse/Partner's Employer _____

Position _____ # of hours per week _____

Address _____ Phone _____



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II. RELATIONSHIP WITH THE NCJW:

Have you ever received an NCJW Scholarship? ____ Yes ____ No

If Yes, list the year(s) _____

III. PREVIOUS WORK EXPERIENCE:

Describe any prior work experience within the last five years including unpaid internships Current employment should be listed on page one. Use additional paper if necessary.

Table with 5 columns: Position, Employer/City/State, Date from (mo/yr), Date to (mo/yr), Hours /wk

IV. EDUCATIONAL BACKGROUND: Check all that apply:

___ High School Diploma/GED ___ Some College credit ___ Associate degree ___ Bachelor's degree

___ Vocational Certificate ___ Completed some Graduate Course work ___ Post Graduate/Master's Degree

Table with 4 columns: Name of School/City/State, Years Attended, Year Graduated



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V. COMMUNITY ACTIVITIES: List extracurricular activities in which you have been involved and which you believe are significant. This may include clubs, church activities, volunteer work, etc. (attach a separate page if needed)

Table with 3 columns: Activity/Organization, Years, Special Awards

VI. COLLEGE/SCHOOL INFORMATION: Scholarship checks are made payable to the school, not an individual.

- If you plan to continue your education at the college or vocational school in which you currently are enrolled, include your Official Transcript from last semester.
• If you are transferring to a different college this summer/fall, include your Official Transcript from the previous school and a signed letter of acceptance into your chosen program of study at the new educational facility.
• If you are a first-time student at this institution, include a signed letter of acceptance into your chosen program of study from an accredited educational institution. The school listed below MUST be the school which you plan to attend and the one for which you provide documentation.

College/School Choice _____ Student ID _____

Contact's Name (financial aide officer or academic adviser) _____

Phone Number _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

I am attending/plan to attend a ___ 2 yr. college ___ 4-yr. University ___ Community College ___ Vocational/ Technical Institute ___ Graduate School -OR- Other _____

Intended Major/Vocational Choice _____



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Have you received an official acceptance letter? ___ Yes ___ No ___ Currently enrolled

(If currently enrolled please attach an **official transcript**).

If Yes, into which program? _____

I will be enrolled in school _____ less than half-time _____ half-time **-or-** just over _____ full-time

Anticipated start date _____ Anticipated graduation date _____

Will you be receiving financial support to attend college from family members? ___ Yes ___ No

Have you submitted an online FAFSA application? (required) ___ Yes ___ No

- If yes, please attach a copy of the SAR (Student Aid Report)
- If no, then you will not be considered for this scholarship.

VII. APPLICANT'S MONTHLY BUDGET FOR 2019 NCJW SCHOLARSHIP APPLICATION

Your earnings/month	\$
Child Support/month	\$
Spouse/Partner earnings/month	\$
Social Security/Disability/month	\$

Other household income (please list) _____ Source _____

MONTHLY TOTAL INCOME \$ _____

Monthly Living Expenses:

Rent/Mortgage/month \$ _____ Homeowners/Renters Insurance \$ _____

Utilities/month \$ _____ Phone/Cable/ month \$ _____

Car Payment /month \$ _____ Gasoline/month \$ _____

Car Insurance /month \$ _____ Food/month \$ _____

Health Insurance/month \$ _____ Child Care/month \$ _____

Additional health care costs /month \$ _____

Books, Lab Fees, Uniforms, Supplies (per year) \$ _____

MONTHLY TOTAL LIVING EXPENSES \$ _____

What is your current annual total tuition if you are a full-time student \$ _____

If you are a part-time student, how many credits do you plan to take per semester? _____

What is the cost per credit? \$ _____

COLLEGE ASSISTANCE AND FEES:

What other financial aid are you receiving?

Source of aid _____

Amount of aid \$ _____



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VIII. PERSONAL STATEMENT AND EDUCATIONAL GOALS:

Please attach on a separate piece of paper, your statement expressing why you want to earn a degree and why financial assistance is needed. Include your educational goals and what you already have completed toward the achievement of these goals. Include any additional information about which you feel the NCJW Scholarship Committee should know when evaluating your application.

IX. CERTIFICATION: Applicant must read, initial, and sign below. Failure to do so will cause this application to be considered Incomplete.

_____ I acknowledge that I have checked my application for accuracy and
(initials) completion by using the checklist as my guide and checking off each requirement as it was met.

_____ I acknowledge that the information contained in this application is true
(initials) and correct to the best of my knowledge and that I will inform the Scholarship Committee of the NCJW Sarasota-Manatee Section of any changes that may occur to this information prior to the Scholarship Award ceremony.

APPLICANT’S SIGNATURE:

DATE:

APPLICANT’S PRINTED NAME

The application deadline is **Friday, FEBRUARY 15, 2019 at 5:00PM. PLEASE mail your applications to: NCJW SCHOLARSHIP FUND COMMITTEE,**

Julie Kupersmith, 4685 Royal Dornoch Circle, Bradenton, FL 34211
Email kupersmithjulie@gmail.com or call (765)661-2820 if you have any questions.