



Jewish Community Endowment Newhouse Fund Scholarship Application

1.

DATE: _____

NAME: _____

ADDRESS: _____ CITY and ZIP: _____

EMAIL ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

COUNTY OF RESIDENCE: _____ DATE OF ARRIVAL TO USA: _____

RELIGION: _____

2. Are you currently a client of JVS? yes no. If yes, please indicate counselor's name:

3. Describe proposed (or current) program of study:

Name of Institution	City/State	Course of Study	Degree Earned	Start Date/End Date

4. Describe education after high school:

Name of Institution	City/State City/Country	Course of Study	Degree Earned	Dates Attended

5. Describe employment background (list most current job first):

Name of Company	City/State City/Country	Job Title	Supervisor's Name	Dates Employed (month/year)
1.				
2.				
3.				

6. Please indicate household members (those people with whom you share a residence):

- spouse
 children (how many? _____: age(s) _____)
 parents (how many? _____: age(s) _____)
 others (include the names of other household members and explain your relationship to them i.e. sister, in-law, brother etc...)

7. Please check Household Financial Category (check all that apply for household income):

- a receiving AFDC
 b receiving RCA/GA
 c receiving MBG
 d receiving SSI
 e receiving unemployment
 f applicant employed
 g household member employed
 h other, please explain:

8. If you placed a check at "f" or "g" above, please describe your need for financial assistance (include current net wage(s) and number of hours per week you and/or a household member is working, and other financial resources, i.e. financial support from adult children etc...).

9. Do you intend to seek employment concurrently with or immediately upon completion of your studies?

- yes no

If no, please explain:

10. What are your career goals? How did you decide upon them? Explain briefly:

11. For what jobs do you intend to apply during or upon completion of your studies? What are the opportunities for employment in your chosen field in the Bay Area? Please, attach your resume to this form.

12. How did you find out about this scholarship?
- at my school the Jewish Bulletin
 my counselor the Jewish Community Guide to Scholarships/Loans
 other: _____

13. If you are not a JVS Client, do you agree to pay a \$25.00 non-refundable processing fee to have your full scholarship application reviewed by the Scholarship Committee should your preliminary application be approved?
- yes
 no

14. Please, indicate that you believe there are jobs available in your chosen field attaching below 5 related job listings (want ads from the newspaper or other job postings) from within the last 6 months (please indicate sources).

5 RELATED JOB LISTINGS:

Source: _____

Date: _____

15. According to 7., please indicate current **total household** income:

Household Member	Source of Income*	Hrs/Week+	\$/Hr+	Monthly Gross**	Previous Year's Income
Applicant	--		\$	\$	\$
	--		\$	\$	
Spouse	--		\$	\$	\$
	--		\$	\$	
Child	--		\$	\$	\$
	--		\$	\$	
Child	--		\$	\$	\$
	--		\$	\$	
Parent	--		\$	\$	\$
	--		\$	\$	
Parent	--		\$	\$	\$
	--		\$	\$	
Other:	--		\$	\$	\$
	--		\$	\$	
Total				\$	\$

*Example: Matching Block Grant, RCA, AFDC/TANF, GA, Job or Food Stamps

+When applicable

**Before taxes

16. Indicate any outstanding loan obligations (source and amount) including student loans:

17. Have you or anyone in your family ever received a JVS scholarship?

yes no **If yes:**

Name of Person (s) Awarded: _____

Amount(s) received: _____

Date(s) received (month/year): _____

Type(s) of vocational training: _____

Was the training completed? yes no

Date(s) of completion (month/year): _____

18. Are any other household members attending school?
If yes, how is this being financed?

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19. Additional comments which may not have been covered in any previous items:

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HOUSEHOLD BUDGET SUMMARY

Estimated Expenses and Income for the time period for which grant is being requested

PERIOD OF TIME: From _____ to _____.

Number of Months: _____

EXPENSES			
Description	Comments	Monthly (when applicable)	Total Amount
Tuition		\$	\$
Fees		\$	\$
Books		\$	\$
Study Transportation		\$	\$
Family Transportation		\$	\$
Living Expenses:		\$	\$
Rent		\$	\$
Utilities		\$	\$
Food & Personal		\$	\$
Clothing		\$	\$
Medical		\$	\$
Loan Payments		\$	\$
Other:		\$	\$
		\$	\$
Total Expenses:			\$

INCOME			
Description	Comments	Monthly (when applicable)	Total Amount
Student Savings:		\$	\$
Anticipat'd Net Job Earnings:		\$	\$
Public Assistance:		\$	\$
GA/RCA		\$	\$
AFDC		\$	\$
MBG		\$	\$
SSI		\$	\$
Food Stamps		\$	\$
Family Contribution:		\$	\$
Other:		\$	\$
		\$	\$
Subtotal Income:			\$
Scholarship Grants:		\$	\$
Name:	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	\$	\$
Scholarship Loans		\$	\$
Name:	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	\$	\$
Total Income:			\$

9. DIFFERENCE BETWEEN INCOME AND EXPENSES \$ _____

10. AMOUNT REQUESTED FROM JVS \$ _____

11. If the amount requested is less than the difference, indicate how this is to be made up:

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STATEMENT OF PURPOSE

Please include career goal, how this decision was made, what you plan to do with certificate/degree and any other information or feel would be relevant. Please limit to 500 words. Statement may be in letter form.

Thank you for applying for the JVS JCEF Scholarship, please note that the scholarship must be completely filled out to be considered by the Scholarship Committee.

I hereby affirm that the information given by me on this application is complete and accurate. I understand that any falsification can be grounds for immediate rejection of my application.

Signature

Date

**Send your application with supporting documents to:
JVS, 225 Bush Street, Suite 400, San Francisco, CA 94104
Scholarship Program**

JVS/JCEF Scholarship
Counselor Evaluation Form

CLIENT: _____ COUNSELOR: (none) _____

A. FINANCIAL NEED:

B. USE OF OTHER FINANCIAL RESOURCES:

C. SOUNDNESS OF VOCATIONAL DECISION:

D. LIKELIHOOD OF COMPLETION AND SUCCESS: (COMMITMENT TO GOALS AND TRAINING):

E. ANALYSIS OF VOCATIONAL FIELD: