



Jewish Federation of Eastern Connecticut

28 Channing Street • New London, Connecticut 06320-5756

860-442-8062 • 860-443-4175 fax

Romana Strochlitz Primus, *President*

Jerome E. Fischer, *Executive Director*

New London Hebrew Ladies Aid and Educational Society & Rose Blonder SCHOLARSHIP APPLICATION

Remit completed application by **FRIDAY, JUNE 10, 2016** to above address
or by email to **office.jfec@gmail.com**

- Questions contact Mimi Perl at 860-442-8062 or **office.jfec@gmail.com**
- Decision to award a scholarship is made toward the end of July/beginning of August. Disbursement will follow shortly thereafter.
- **PLEASE PRINT CLEARLY IF COMPLETING MANUALLY!**

Application Date _____

Applicant Name _____ Birth Date _____

Present Mailing Address _____
Street / PO Box

City, State, ZIP _____ Current Phone Number _____

Applicant email address _____

Name of Father _____ Living – Yes ___ No ___

Name of Mother _____ Living – Yes ___ No ___

Father – Occupation & Firm _____

Mother – Occupation & Firm _____

Marital Status of Parents: Married ___ Separated ___ Divorced ___ Other ___
(Check appropriate item)

Please provide the names of **two people**, other than parents, guardians, or relatives, who can write a reference regarding your character and scholastic abilities. Enclose completed references in sealed envelopes with this application or have references mailed directly to the Federation address above.

1. _____ of _____
Street City State/ZIP

2. _____ of _____
Street City State/ZIP

Applicant Name _____

Education

Elementary School _____ Graduated _____
Name of School Month/Year

Secondary School _____ Graduated _____
Name of School Month/Year

Post Secondary (if any) _____ Attending: _____
Name of School Dates

School Record: Entering college freshmen: Request your high school to mail a transcript of your record, including class standing, and your board scores to address on page 1. **College students completing freshman or subsequent year:** Have your most current college transcript sent directly to address on pg. 1. Transcripts must include grades through most current marking period at time of application being submitted.

Transcript Request made to: _____ Date _____
School Name

Plan to attend or _____
Currently attending Name and Address of Institution

Admitted: Yes ___ No ___ Begin: _____
Month/Year

Vocational objective: I intend to become a _____

School and Civic Activities:

FINANCIAL STATEMENT

Gross Income of Parent(s) (if you are still receiving their financial support) (from most recent tax return – 2015):

Father: _____

Mother _____

Total _____

Applicant:

If you are no longer being supported by your parent(s) please indicate your gross income here based on your most recent tax return – 2015.

\$ _____

Unusual expenses – Illness, education of other children – indicate nature and cost

Earnings of Applicant – List positions held, periods employed, average weekly time, earnings, savings

Any Additional Data to Show Financial Need: (Be specific)

Siblings: (please list if still living at home and being supported by your parent(s))

Name

Age

School Presently Attending

Signature of Applicant

