

## JUVENILE AID SCHOLARSHIP ORGANIZATION

Juvenile Aid funds are reserved for the Jewish student who requires financial assistance in order to further his/her education. These funds are available for a student entering an accredited institution of higher learning for the first time, or, for one who requires that assistance after the first year. (if funds are available) To submit the attached application for financial assistance, the following is required:

**1. Cover Letter:**

Include reasons, including special circumstances, why you require our assistance in order to attend an accredited institution of higher learning. Our awards are "need - based." The information you provide will help us to determine your eligibility to receive such assistance. (see #3 regarding FAFSA) Include a current resume, with details concerning jobs (paid employment) held during at least two years, and how you will be employed this summer.

**2. Documents from the school of your choice:** required costs for the year 2018-2019 Costs: tuition, room and board, books, activity fees, insurance. Include travel only if the school is located more than a few hours from your home. Detail any financial assistance offered by the school you plan to attend, as well as awards you have applied for from other sources. (We will want to know what you receive from all sources)

**3. Financial Aid (FAFSA) Profile:** You will have submitted information which allows FAFSA to rate your need and the amount that your parents will be expected to contribute. Their tax reporting for 2017 must have been completed.

Your Application will not be considered, until it includes items 1, 2, and 3. Completed and submitted, on or before May 8, 2018 to:

Lois Hurwitz  
41 Gooseneck Lane  
Swampscott, MA 01907  
Tel: 781-631-7347

or

Gail Tregor  
20 Central St., #401  
Salem, MA 01970  
Tel.: 781-820-3838

Decisions and notifications will not be released until all high school awards and prizes have been announced. There will be no interviews.

JUVENILE AID SCHOLARSHIP ORGANIZATION

SCHOLARSHIP APPLICATION for 2018-2019 School \_\_\_\_\_ Grad Date \_\_\_\_\_  
(Please print or type)

Name Last First Middle initial

Street address city state zip

Telephone (Indicate: Applicant - Parent - Cell) Date of Birth (mo/da/year)

Family: Names / Occupations/employers fulltime/parttime/selfemployed

Father

Mother

Stepparent

Siblings: Name Age School/Class/Year

Have you or any of your siblings attended private schools in the past four years?

Describe Jewish education/Identity/ Temple Affiliation:

School for which scholarship is requested

Goal: Major/field of study

Enrollment: Fulltime Parttime

to be a resident to commute

By Years: awards/honors you have received during the most recent 4 years:

By years: Work experience:

Position/Employer: dates of employment: from mo/yr to mo/yr hrs per week

School Activities (unpaid) /dates:sports, music, student government, Offices held hrs per week

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.Community Activities (volunteer)

Hours per week

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.Objectives/goals\_(describe on separate sheet, if needed)

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.Other Scholarship Assistance Applied for/ expected

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.Additional Information: anything not included in your cover letter that the scholarship committee should know when considering your needs: family or personal circumstances which might have affected your participation or performance during your high school years: (enclose a separate sheet, if needed)

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.to the best of our knowledge, we certify that the information disclosed herein is complete and has been honestly provided.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_