

Post Office Box 370386 Bishop's Corner Branch West Hartford CT 06137-0386

APPLICATION FOR FINANCIAL AID TO ATTEND COLLEGE OR VOCATIONAL SCHOOL

Applications accepted from youth of the Jewish faith who submit proof of financial need. It is essential that you provide accurate and complete information.

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THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING REQUIREMENTS HAVE BEEN FULFILLED:
Contact the Financial Aid Office of the school you plan to attend and apply for funds. Will they make deductions from their grants for funds you receive from other sources? If yes, how much?
2. Apply for the Guaranteed Student Loan (you must take the maximum).
3. Apply for the PELL Grant.
4. Submit a complete duplicate copy of the current year Income Tax return as filed for both parents and student, including preparer's signature. WORKSHEET WILL NOT BE ACCEPTABLE.
5. Attach a copy of the FAF-SA acknowledgement and the FINANCIAL AID AWARD NOTICE supplied to you by the School.
6. Include a detailed explanation of your need for assistance, as well as your future career goals.
WHEN TO FILE: Submit this completed application with all required papers when you have heard from all other sources to whom you have applied for financial aid.
NOTE: Information provided herein is kept strictly confidential. A recipient's name becomes known only with their express permission. If you would be willing to be photographed for a newspaper release publicizing our Scholarship Program please signify

STUDENT INFORMATION

Student's Name	M F
Address	Phone
Date of Birth	Social Security Number
Marital Status: Single Married _	Separated Divorced
Spouse's Name	Occupation
School you are now attending	
Graduation Date	
School you will be entering	
Address	Phone
School of	Major
Entering as: Freshman Soph	Jr Sr Transfer Graduate
Date you will be entering	Semester: First Second Tri
Residence: Dorm Off-Campus	With Parents/Relatives
Address	Phone
Studying abroad: From To	Location

ATTACH PHOTOCOPY OF SCHOOL'S PUBLISHED COSTS (from catalogue or letter)

STUDENT'S PROJECTED EXPENSES & RESOURCES

EXPENSES:	Tuition & Fees		\$
	Books & Supplies		\$
	Room		\$
	Board	\$	
	Other (specify)		\$
			\$
			\$
RESOURCES		\$	
	Savings		\$
	From Parents/Guardi	an	\$
	From Spouse		\$
	Endowments/Trusts/	\$	
	Veteran's Benefits	\$	
	Social Security Bene	\$	
	Summer Earnings		\$
	Work Study		\$
	School time Earnings	\$	
	GRANTS & LOANS: PELL (BEOG)	\$	
	STAFFORD	\$	
	PERKINS	\$	
	SCHOOL	\$	
	OTHER (specify)	\$	
	TOTAL	\$	\$
		TOTAL RESOURCES	\$
	EXP	ENSES LESS RESOURCES	\$

ITEMIZE ANY AND ALL EDUCATIONAL LOANS AND INDICATE DUE DATES
DESCRIBE YOUR WORK EXPERIENCE: Indicate part-time, full-time, summer, type of work, dates, hours per week and salary
REFERRED TO JCSO BY
REMARKS:
Signature of Student Applicant
Signature of Parent(s) or Guardian
Date of Application

- 5 - FAMILY INFORMATION

INDICATE:	Father	Stepfather	Guardian	Marital Status: M _	D _	S	
Name & Ado	dress					Age	
Occupation _	Occupation Employed By				N	No. Yrs	
INDICATE:	Mother	Stepmother	Guardian	Marital Status: M ַ	D _	S	
Name & Ado	dress					Age	
Occupation _			Employ	ed By	N	o. Yrs	
Name and a	ges of all me	embers of the hous	sehold, including	applicant:			
HOME: Rer	nted Ow	ned Purchase	Date & Price				
Present Mar	ket Value _		Mortgage F	Payment	T	axes	
Unpaid Mort	gage Princip	oal	Rent		_		
Other Real E	Estate (Desc	ribe fully: year pur	rchased, cost, ma	arket value, etc.)			
Investments	: Stocks/Bo	nds. Itemize & give	e \$ value of each	:			
Present Cas	sh in Savings	s\$	Checking \$ _				
Business, if	owned and p	percent of ownersh	nip:				
Automobiles	: Owned by			by Family \$ Make & `	./		
Automobile I	Loans (be sp		& Year		rear 		
Outstanding	Loans Othe	r than Mortgage a	nd Automobile				
Remarks: (u	se additiona	I sheet if necessar	y)				
Signature of	both parent	s if applicable			Date		
					Date		

NOTE: It is our policy to verify figures (costs, grants, lo office, and we must have a release from the student to expedite action on your request and have a copy of it p	get this information. Please sign the form below to
TO: Bursar/Registrar/Financial Aid Office	
School	
From	Soc. Sec. No
You may release any and all information cond for the 20 school year, as may be reque SERVICE ORGANIZATION (JCSO), P.O. BO 0386, to whom I have applied for financial aid	ested by the JEWISH CHILDREN'S X 370386, WEST HARTFORD CT 06137-
Signed	Date