



**Employment history:**

<u>Employer</u>	<u>Job Title</u>	<u>Dates</u>	<u>Reason for Leaving</u>
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____
_____	_____	from _____ to _____	_____

Attach prior year's W-2 Tax Form to verify information given below:

Wages \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

ADC/TANF \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Other (please explain) \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_ per month/per year (circle one)

Estimate your financial need. Please complete to the best of your ability. Be prepared to update this with additional information you may gather or discover after the application process.

Estimated Annual Cost of Classes and Housing: \$ \_\_\_\_\_ (A)

Less Any Scholarship Money Already Awarded: \$ \_\_\_\_\_ (B)

Anticipated Financial Need: \$ \_\_\_\_\_ subtract (B) from (A)

Will you be receiving other financial aid? \_\_\_\_\_ Specify \_\_\_\_\_

Schools you attended:

\_\_\_\_\_  
\_\_\_\_\_

Last grade completed: \_\_\_\_\_

Describe your activities since leaving school:

\_\_\_\_\_  
\_\_\_\_\_

University/College you are or will be attending: \_\_\_\_\_

Cost per credit hour: \_\_\_\_\_

Describe current educational program and expected date of completion: \_\_\_\_\_

How did you learn about this scholarship? \_\_\_\_\_

**ONLY APPLICANTS WHO SUBMIT THIS COMPLETED FORM WITH ALL  
REQUIRED MATERIALS WILL BE CONSIDERED.**

*Use the checklist in the upper right corner of the first page to be sure your application is complete.*

This scholarship is available to students enrolling in an accredited Indiana college or university as a full- or part-time student (at least six credit hours per semester). *If selected to receive a scholarship, you will receive half of the financial award in the summer of 2019, and the second half will be issued to you when you send a copy of your fall semester grade report to NCJW.* Scholarship checks are issued jointly to the school and the award recipient.

**Note: As part of the selection process, final candidates will meet briefly with members of the NCJW Scholarship Committee. The meeting is scheduled for Sunday April 28, 2019 between 12-4 pm**

*I affirm that the above and foregoing information is true to the best of my knowledge and belief. I also understand that supplying incomplete or false information automatically voids my eligibility for this scholarship.*

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Signature

Date

Send all materials to: NCJW Scholarship Committee  
6905 Hoover Road  
Indianapolis, IN 46260

Questions? Call or Text Lori at 317/691-4400, or E-Mail to [lamin317@gmail.com](mailto:lamin317@gmail.com).

**APPLICATION MUST BE POSTMARKED BY MARCH 15, 2019**