

SCHOLARSHIP APPLICATION – 2026

Full Name _____
 Address _____ Email _____
 City, State, Zip _____
 Phone _____ Birth Date _____ Male _____ Female _____
 Name of school currently attending _____
 Name of school where scholarship will be used, if granted _____
 Area of Study _____ Current Grade Point Average _____
 (Attach last semester's grade report) What scale (weighted or not) _____

IF YOU ARE CLAIMED AS A DEPENDENT BY ANYONE, FILL OUT THE FOLLOWING:

Parent's/Guardian's/Spouse's Name _____
 Address (if different) _____
 City, State, Zip _____
 Employer & Phone Number _____
 Annual Income \$ _____ Monthly housing expenses: Rent/mortgage \$ _____ Electric \$ _____ Water \$ _____
 If receiving or paying alimony or child support, indicate annual amount: \$ _____
 Other dependents in home: Name & Age _____ Name & Age _____
 Name & Age _____ Name & Age _____
 (Attach copy of 2025 income tax return)

Applicant's employer & phone number _____
 Annual Income \$ _____ Monthly housing expenses: Rent/mortgage \$ _____ Electric \$ _____ Water \$ _____
 Dependents in home: Name & Age _____ Name & Age _____
 Name & Age _____ Name & Age _____
 Are you enrolled in the Florida Prepaid College Tuition Program? Yes _____ No _____
 Are you eligible for Florida Bright Futures? Yes _____ No _____
 (If the applicant filed a 2025 tax return, please attach.)

**NOTE: Failure to attach copies of financial documents (i.e. tax forms, pay stubs, etc.)
 Will result in automatic ineligibility.**

ON THE BACK OF THIS FORM, ANSWER THE FOLLOWING: (Use additional sheets if necessary.)

1. Explain any special circumstances you feel we should know about, i.e. divorce, separation, illness, child support, etc.
2. List any financial aid, loans, grants and scholarships that you receive. Please include source and amount.
3. List any awards and honors you have received, your hobbies and outside activities, and memberships in clubs and societies

ON A SEPARATE SHEET, ATTACHED TO THIS APPLICATION:

Write a short essay (500 words or less) discussing "Why Additional Education Will Benefit Me and My Community."

By April 24, 2026, send this completed application form and all of its attachments to:

Educational Scholarship Chair
 Jewish Federation of Lee & Charlotte Counties
 9701 Commerce Center Court
 Fort Myers, FL 33908

For more information, email Bryana Garcia at brigarcia@jfedlcc.org

All information contained on this application is considered confidential; however, if I receive a Jewish Federation scholarship, I give Jewish Federation my permission to use my name in press releases and other promotional materials.

To the best of my/our knowledge and belief, the information contained on this application is true and correct.

Parent's/Guardian's/Spouse's signature _____ Date: _____
 Student's signature _____ Date: _____