

# **Jewish Federation Lee & Charlotte Counties**

## **Educational Scholarship Program**

The Jewish Federation of Lee & Charlotte Counties will award Scholarships through the Educational Scholarship Program to Jewish residents who are pursuing postsecondary education. Recipients must be under 30 years of age and priority will be given to full time students.



### **GUIDELINES**

**A completed application, with  
required attachments, must be received  
no later than April 30, 2021.**

#### **Eligibility**

- ✧ **Accepted into a post-secondary program, college, or university**
- ✧ **Demonstrate financial need**
- ✧ **Jewish resident of Lee or Charlotte County**
- ✧ **29 years old or younger**

#### **Application Process**

- ✧ **Complete application and obtain required documents.**
- ✧ **Submit application by April 30, 2021.**
- ✧ **Notification of grant determination will be by letter.**
- ✧ **Scholarship monies will be payable to the program, college or university and will be mailed directly to the institution.**

**Submit this complete application and all of its attachments to:**

#### **Educational Scholarship Program**

**Jewish Federation of Lee & Charlotte Counties \* 9701 Commerce Center Court \* Fort Myers, FL 33908**

**For more information, email  
Lori at [loriramos@jfedlcc.org](mailto:loriramos@jfedlcc.org)**

**[www.jewishfederationLCC.org](http://www.jewishfederationLCC.org)**

**SCHOLARSHIP APPLICATION – 2021**



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 2020 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 2020 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 30, 2021, 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, contact Lori Ramos at 239.481-4449 ext. 5 or Email: loriramos@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: \_\_\_\_\_