



RENEWAL
2024—2025 COLLEGE
SCHOLARSHIP APPLICATION
Please type or print with black ink

Date: _____

1. Name of Applicant: _____ Date of Birth: _____
(Last) (First) (M)

2. E-Mail Address: _____ Phone Number: (____) _____

3. Permanent Address: _____
(Street)

(City) (State) (Zip) (County)

4. Father's Name/Guardian's Name: _____
Address (if different from above) _____
(Street) (City) (State/Zip Code)
Occupation: _____
(Position) (Company) (Gross Income)

Mother's Name/Guardian's Name: _____
Address (if different from above) _____
(Street) (City) (State/Zip Code)
Occupation: _____
(Position) (Company) (Gross Income)

5. Please list persons living in the home of your parent/guardian (excluding those above):

(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)

6. College Information:

(Name of School) (Address) (City/State) (Phone)
College start date: _____ Scheduled graduation date: _____
Cumulative Grade Point Average: _____ Last semester grade point average: _____

7. Declared major: _____

NOTE: Attach most recent transcript. This application will not be processed until this information is received.

8. List any Jewish community/extracurricular activities in which you have been involved while in college: _____

9. FAMILY PROFILE & FINANCIAL INFORMATION: (Demonstration of financial need is an important consideration.)

Has your family situation changed in the past year? YES NO

How has it changed?

Parents divorced: Parents separated: Job loss: Death of family member: Other:

Explain change in the family: _____

**NOTE: Please attach your parents' or guardians' most recent income tax summary page (MANDATORY).
YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THIS INFORMATION IS RECEIVED.**

What are your parents' approximate monthly housing costs (mortgage payment or rent)? \$ _____

If someone other than your Mother, Father, spouse/partner assists you financially (step-parents, grandparents, etc.), please provide the following information:

Name and relationship: _____

Address: _____

Occupation: _____

Type and amount of support: _____

Have you worked while attending college? YES NO

Place of employment: _____ Number of hours: _____

What are your estimated annual earnings? \$ _____

Do you have family members for whom college expenses are being paid by your parents/guardians? YES NO

If yes, please list:

(Name of student) (College/University) (Amount paid by family)

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What amount (annually) have your parents/guardians been able to contribute toward your education? \$ _____

Do you reside on campus? YES NO

At this time, have you received any other scholarships, loans, or awards? YES NO

If yes, please list: (attach an additional sheet if necessary)

(Source) (Annual Amount)

(Source) (Annual Amount)

Do you have any other source of funds available to you (i.e. savings account, insurance policies, 529 plan)? YES NO

If yes, what amount is available? _____

Has there been a change in your parents' income this year? Change No change

If there has been a change, please explain and give new total gross income: \$ _____

10. Please state any special circumstances or financial hardships you would like to be considered:

To the best of my knowledge, the above information is correct. I understand additional information may be required.

Applicant must return this completed application to the Toledo Jewish Community Foundation, 6465 Sylvania Avenue, Sylvania, OH, 43560, and Attn: Ben Malczewski or e-mail Ben@jewishtoledo.org or 419-724-0408.

Applicant

Parent/Guardian

Date

College/University Income/Expense Summary

Scholarship Applicant: _____

(Last)

(First)

(M)

To be eligible for scholarship, you must apply for financial aid at your school.

Please complete the information below based on information/decisions you have as of today's date. Please submit this information with your application.

Annual Budget	2023-2024	2024-2025	2025-2026	2026-2027
Income Sources				
Scholarships (list each one separately):				
1.				
2.				
3.				
4.				
Grants (list each one separately):				
1.				
2.				
3.				
4.				
5.				
Work Study Programs				
Student Employment				
Family Contribution				
Loans				
Total Income:				

Expenses				
Tuition				
Room and board				
Fees, supplies, books				
Living expenses (i.e., travel, gas, etc.)				
Other expenses				
Total expenses				

Student's calculated need:				
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Please state any special circumstances or financial hardships you would like to have considered by the Scholarship Committee: