



2015/2016 APPLICATION FOR  
JSSA EDUCATIONAL ASSISTANCE

Mail to: Jewish Social Service Agency  
Attn: Donna Becker  
200 Wood Hill Road, Rockville, MD 20850

Telephone: 301-610-8353  
Email: [dbecker@jssa.org](mailto:dbecker@jssa.org)

**Please print clearly and answer all questions. If the question does not apply to you, please indicate with either N/A or None.**

All of the following must be received no later than DUE DATE: **May 1, 2015**

	Sent	Received
1. Application.		
2. Your most recent official high school or college transcript of grades.		
3. Score reports: SAT, SAT Subject Tests, ACT, AP, IB, GRE, GMAT, Etc.		
4. Resume or summary of your extracurricular and summer activities including employment, and volunteer experience. Please list your activities in approximate order of their importance to you and include time spent in hrs/wk and wks/yr.		
5. Personal statement that helps the scholarship committee know you better.		
6. Letter of Acceptance from the college or graduate school you will be attending.		
7. Financial Aid Award Letter from the college you will be attending, unless you are not applying for a scholarship based on financial need.		
8. Copy of your FAFSA report and the cover letter showing the EFC amount.		
9. If applying for the Gibson Scholarship, follow the instructions on the Gibson Requirement Page. Provide two letters of recommendation.		

Student's Name: \_\_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security or Alien Registration Number: \_\_\_\_\_

Religion: \_\_\_\_\_

School you are attending now 2014/2015: \_\_\_\_\_

School you will be attending in 2015/16: \_\_\_\_\_

What other schools have you applied/accepted to: \_\_\_\_\_

Cost for one year including tuition, room, board, books and required fees: \_\_\_\_\_

Intended field of study, or if already enrolled, your current major: \_\_\_\_\_

Possible career choice: \_\_\_\_\_

IF YOU ARE A DEPENDENT

Parent or Guardian 1:

Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Parent or Guardian 2:

Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

If parents are divorced, and only one income is reported on the FAFSA, will both parents be contributing to your education? If YES, list any income not included on the FAFSA. If NO, please explain.

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Siblings: Names, ages, school for 2015/2016, and year in school.

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IF YOU ARE NOT A DEPENDENT

Your occupation \_\_\_\_\_ Do you work full or part-time? \_\_\_\_\_

If married, spouse's occupation \_\_\_\_\_ Spouse's Income \_\_\_\_\_

Dependents other than children \_\_\_\_\_

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If you have children, list names, ages, school for 2014/2015, and year in school.

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ALL APPLICANTS: FINANCIAL INFORMATION

If already enrolled, how have your studies been financed to date? If you received financial aid in the past, please submit copies of your award letter(s) with this application.

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List all assets you and each of your parents have, even if divorced, including trusts, savings, investments, retirement, residence, etc.

Value of Home: \$ \_\_\_\_\_, Trusts: \$ \_\_\_\_\_,

Savings/Checking: Parents \$ \_\_\_\_\_ Applicant \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Other - Please describe: \_\_\_\_\_

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If you or your parents own a business, what is the taxable income of the business?

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List any outstanding debts.

Mortgage: \$ \_\_\_\_\_, Rent: \$ \_\_\_\_\_ Car Payment: \$ \_\_\_\_\_,

Credit Cards: \$ \_\_\_\_\_ Student Loans: \$ \_\_\_\_\_,

Other - Please describe: \_\_\_\_\_

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If you or your family has any unusual financial burdens or expenses, please explain.

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Do you or will you receive any help to finance your education?

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If you do not receive any financial aid, how do you plan to finance your education?

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**ADDITIONAL INFORMATION (for specific scholarships)**

	YES	NO
Are you under the age of 30?		
Are you a senior in a Montgomery County public high school?		
Are you a Jewish resident of the Washington Metropolitan area?		
If you are not a U.S. Citizen? If not, are you working towards your citizenship?		
Will you be a full-time student in an accredited four-year undergraduate program? If so, which one?		
Will you be a full-time student in an accredited community college, 2 year program, or vocational program? If so, which one?		
Will you be attending a graduate or post graduate school? If so, which one?		
Will you be studying in Israel for the 2015/2016 school year? If so, which program?		
Will you be studying abroad in 2015/2016? If so, which program and in which Country?		
Have you been accepted into a graduate program in Jewish communal service on a full-time basis? If so, which one?		
Do you intend to work professionally in the Jewish community upon graduation?		

If you wish, you may use this space for additional information.

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How did you learn about the JSSA Scholarships?

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I certify to the accuracy of the answers given above. If assistance is granted to me, I promise to promptly answer all letters pertaining thereto, to keep the Jewish Social Service Agency informed of any change in my contact information, and to respond to yearly evaluations. If my award is from the Jewish Educational Loan Fund, I agree to repay the loan as specified in the promissory note.

I hereby give my permission for the staff of JSSA to contact the references I have listed and to forward my application and any attachments or references to the Scholarship Committee. I also give my permission for JSSA staff to share information relevant to my application among and with Scholarship Committee members.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Morton A. Gibson Memorial Scholarship  
Requirement Sheet

If you are applying for a Morton A. Gibson Memorial Scholarship, please answer all of the following questions, also submit an essay of not more than 500 words describing your volunteer service and provide two letters of recommendation, one of which relates to your volunteer services

1. List all volunteer service you have performed in the Greater Washington Jewish community or under the auspices of a local Jewish agency or organization, including name of agency or organization, supervisor, dates and number of hours worked.

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2. List any awards or recognition you have received for your volunteer service.

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3. Did this volunteer service meet any high school graduation requirements? ( ) Yes ( ) No  
If additional volunteer service was performed to meet such requirements, please explain.

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4. If volunteer service was performed in another community or under the auspices of a non-Jewish agency or organization, list such service and dates.

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