

SGVJACL / ESGVJCC SCHOLARSHIP PROGRAM
FINANCIAL NEED STATEMENT FORM

NAME _____

Student Status

☐ Undergraduate

☐ Graduate

COLLEGE/UNIVERSITY _____

☐ Quarter System

☐ Semester System

☐ Resident

☐ Commuter

I. INCOME: FUNDS AVAILABLE

(ESTIMATED)

A. Financial Support from Parents and/or Spouse

B. Savings Available for Educational Expenses

C. Earnings

D. Social Security Benefits (if applicable)

E. Educational Loans

F. List Scholarships or Grants for which you have applied (* those confirmed)

G. Other Sources of Income

ESTIMATED TOTAL INCOME

\$ _____

II. EXPENSES

(ESTIMATED)

	Term I	Term II	Term III	Total
A. Tuition / Fees	_____	_____	_____	_____
B. Room / Board	_____	_____	_____	_____
C. Books / Supplies	_____	_____	_____	_____
D. Clothes / Laundry	_____	_____	_____	_____
E. Transportation	_____	_____	_____	_____
F. Medical	_____	_____	_____	_____
G. Other	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ESTIMATED TOTAL EXPENSES

\$ _____

NET DIFFERENCE

(TOTAL EXPENSES - TOTAL INCOME)

\$ _____

PERSONAL STATEMENT OF SUPPORT FOR FINANCIAL NEED

Please explain or describe in approximately 500 words:

1. The extent to which a cash award would help you to attain your educational goal(s).
2. Your plan(s) to achieve your educational goal(s) if you were unable to qualify for any scholarship awards.
3. Any special circumstances or any information which might help the Scholarship Committee to evaluate your application.

LETTER OF RECOMMENDATION

Applicants must provide at least one Letter of Recommendation from an adult who can comment on your academic history or community participation or any special circumstances as to why you should be awarded a scholarship.

Awards will be based on a composite score of GPA, Letter(s) of Recommendation, Essay and Financial Need.

Signature: _____ Date: _____

Return to SGV JACL or ESGVJCC Office by Wednesday, April 20, 2016.