

2019 – 2020 APPLICATION FOR THE ACADEMIC SCHOLARSHIP PROGRAM

LEGAL DOMICILITY CERTIFICATION

I understand that scholarship funds administered by the Jewish Federation of Metropolitan Chicago are limited to students who are legally domiciled in Cook County, Illinois, and/or the Chicago metropolitan area. I present the following information to establish the area as my legal domicile:

First Name: _____ Last Name: _____

Place of Birth: _____
City County State

High School Attended: _____
City County State

And/Or

One continuous year, full-time employment prior to school in the Chicago metropolitan area:

Name of Employer: _____

Address: _____ From: mm dd yy To: mm dd yy

Name of Employer: _____

Address: _____ From: mm dd yy To: mm dd yy

I consider Cook County, Illinois, and/or the Chicago metropolitan area to be my permanent home and, at this time, intend to return or remain after my studies are completed.

RELEASE OF INFORMATION

In the event that I am awarded a scholarship in the 2019-2020 academic year, and in any subsequent years, from the Jewish Federation of Metropolitan Chicago Scholarship Program, I hereby give permission to JVS Chicago to:

- 1. Share my name and address with the Young Leadership Division of the Jewish Federation of Metropolitan Chicago.
2. Disclose the amount of the scholarship to appropriate representatives of the school in which I am enrolled, if the information is requested.

CERTIFICATION OF APPLICATION

I affirm that the information presented in this total application is true, correct, and complete, to the best of my knowledge. I understand that this is only an application for a scholarship grant and that the awards are recommended by the Scholarship Committee of The Jewish Federation of Metropolitan Chicago and approved by representatives of the trust funds. No guarantee or assurance of receiving an award can be made by any staff.

Date: _____ Signature of Applicant: _____ (Handwritten)