

NATIONAL COUNCIL OF JEWISH WOMEN NEW YORK
241 W. 72nd Street NEW YORK, NY 10023
www.ncjwny.org

JACKSON-STRICKS SCHOLARSHIP APPLICATION FORM 2022-2023 ACADEMIC YEAR

*The Jackson-Stricks Scholarships are **one-time awards of \$5,000 or \$10,000** and should be considered supplemental aid. They are available to **students with physical challenges that affect mobility, vision, or hearing** who are currently enrolled in an undergraduate or graduate program in the New York Metropolitan Area.*

PLEASE COMPLETE ON COMPUTER, OR TYPE AND PRINT APPLICATION INFORMATION IN DARK INK

Personal Information:

| | | |
|----------------|-----------------------|-------------------------|
| Name: _____ | Gender: _____ | Pronouns: _____ |
| Address: _____ | City: _____ | State: _____ Zip: _____ |
| Phone: _____ | E-Mail Address: _____ | Date of Birth: _____ |

Academic Information:

Attach a current transcript of studies to this application.

| | | |
|---------------------------------------------------|-------------------------------------|------------------------------------|
| Name & Address of College or University: _____ | | |
| I am a _____ Full Time _____ Part Time Student | Course of Study: _____ | |
| I am a _____ Graduate _____ Undergraduate Student | Degree Sought: _____ | |
| # of Credits Completed: _____ | Remaining Credits for Degree: _____ | Anticipated Completion Date: _____ |

Disability:

Briefly describe the nature of your disability and how it has impacted your educational goals:

References:

Please provide the name, address, phone number and e-mail address of a current faculty member at your school, and notify them that they may be contacted by a member of the Jackson-Stricks Scholarship Committee. As well, please submit a letter from your current physician attesting to your disability and any physical impact and limitations.

| | | | | |
|-----------------------|----------------|-------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Faculty Member's Name | School Address | City | State | Zip |
| _____ | _____ | BEST CONTACT TIME | | |
| Phone Number | E-mail Address | | | |

Instructions:

Return this completed application and the following attachments no later than March 25, 2022 to:
2022 Jackson-Stricks Scholarships, NCJW NY, 241 W. 72nd Street, New York, NY 10023
Applications may also be e-mailed to jss@ncjwny.org.

Your complete application packet will include:

- 1. This form, completed in its entirety.**
- 2. A current transcript of studies.**
- 3. A letter from your current physician attesting to your disability and any physical impact and limitations.**
- 4. A brief essay (1-2 pages) reflecting your educational aspirations and life goals.**

We are not able to consider incomplete application packets.
Contact us at 646-884-9461 or jss@ncjwny.org with any questions or concerns.