

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

**JACKSON-STRICKS SCHOLARSHIP APPLICATION FORM 2024-2025 ACADEMIC YEAR**

The Jackson-Stricks Scholarships are **one-time awards of up to \$15,000** 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 physical 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
_____	_____	_____	_____	_____
Phone Number	E-mail Address	BEST CONTACT TIME		

**Instructions:**

**Return this completed application and the following attachments no later than February 29, 2024 to:**  
**2024 Jackson-Stricks Scholarships, NCJW NY, 241 W. 72<sup>nd</sup> Street, New York, NY 10023**  
**Applications may also be e-mailed to [jss@ncjwny.org](mailto: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](mailto:jss@ncjwny.org) with any questions or concerns.**