

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

JACKSON-STRICKS SCHOLARSHIP APPLICATION FORM 2021-2022 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 <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Student	Course of Study: _____	
I am a <input type="checkbox"/> Graduate <input type="checkbox"/> 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
_____	_____	_____	_____	_____
Phone Number	E-mail Address	BEST CONTACT TIME		

Instructions:

Return this completed application and the following attachments no later than March 12, 2021 to:
2021 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.