



## 2017 Student Loan & Scholarship Application

*TYPE OR PRINT CLEARLY*

### APPLICANT INFORMATION

Name (Last, First Middle):		
Date of birth:	Place of Birth:	Home Phone:
Current address:		Cell Phone:
City:	State:	ZIP Code:
SSN:		Are you Jewish? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Number of Children		Ages of Children
WHICH TYPE OF LOAN YOU ARE APPLYING FOR: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Trade School		
PURPOSE OF LOAN (Please explain in your fields of study (major & any minor), degree seeking, expected date of graduation, & anything more that will allow us to understand how you plan to use these funds. Attach additional page if necessary.)		

### FINANCIAL INFORMATION

I am applying for <input type="checkbox"/> Scholarship <input type="checkbox"/> Loan <input type="checkbox"/> Both
Have you applied to JFS for a loan previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year & what was the outcome?
Have you secured or attempted to secure loans, grants or scholarships from other sources for the 2015/16 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please fill out all sources of funding in the Worksheet Section on page 6.
Source of Referral to JFS:

### EDUCATIONAL INFORMATION

High School:	Graduation Date:
College or University:	Expected Date of Graduation :
Degree (Expected):	

### EMPLOYMENT INFORMATION (FOR STUDENT LOAN APPLICANTS)

1. Current employer:		
Employer address:		
City:	State:	ZIP Code:
Dates of Employment:		Monthly Salary:
Position:		

2. Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Dates of Employment:		Monthly Salary:
Position:		
3. Previous employer:		
Employer address:		
City:	State:	ZIP Code:
Dates of Employment:		Monthly Salary:
Position:		

**FAMILY INFORMATION**

RELATION	NAME	ADDRESS & PHONE	EMPLOYER
Father			
Mother			
Sibling			
Sibling			
Sibling			
Spouse			
Child(ren)			

**REFERENCES**

(MAY NOT BE RELATED. AND REFERENCES SHOULD BE DATED WITHIN CURRENT YEAR. PLEASE ATTACH LETTERS)

NAME	ADDRESS & PHONE	RELATIONSHIP

**CO-SIGNERS FOR STUDENT LOANS**  
(ONE PARENT, ONE OTHER RELATIVE OR FRIEND)

NAME	ADDRESS & PHONE	EMPLOYMENT

**ESSAY QUESTIONS**  
PLEASE USE THE BACK OF PAGE, IF NECESSARY

Explain why you have chosen this school/program over other similar schools/programs.

How will your family be helping to pay for your school program? Please explain the basis for their contribution. And, are there special circumstances which led you to request this loan/scholarship which should be considered by the committee in reviewing your application?

What will be the impact on your educational plan if you do not receive a loan/scholarship from JFS?

Is there anything more that you would like to tell the committee regarding your particular situation?

**For those applying for a Student Loan:**

I understand that monthly loan repayment will begin in September of the year the loan is issued and that there will be an annual \$40 administration fee due January 1<sup>st</sup> of each year the loan is in existence. Repayment Schedule: 10% of original loan to be repaid annually in equal monthly installments, until graduation. Installments double or more after graduation, until paid off. *Maximum 7 year repayment period.* I agree to have a meeting with the Senior Accounting Supervisor to fully understand the terms of the loan.

I certify that the above information is true to the best of my knowledge. I authorize Jewish Family Service to request and receive information from any or all of the institutions or individuals named in this application. This authorization is provided for the processing for this application only.

Signature of Applicant	Date
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*For any questions about this application, please call Adele Croft at 713.667.9336 or e-mail [acroft@jfshouston.org](mailto:acroft@jfshouston.org)*

**This application and the following documents should be returned either by mail or in person to:**

Jewish Family Service  
Attn: Loans & Scholarships  
4131 S. Braeswood, Houston, TX 77025

<b>Required Documents</b>	<b>Scholarship Applicant</b>	<b>Loan Applicant</b>
Letter of acceptance from your educational institution.	✓	✓
Transcripts for all completed high school and college level work(official)	✓	✓
Signed Application Form	✓	✓
Annual Budget Form	✓	✓
2 Signed Letters of Reference - may not be related and references should be dated within the current year	✓	✓
2 Completed Co-Signer Forms with ABA and Bank Account Numbers		✓
Completed FAFSA Application for both Student and Parent(s) with EFC result page	✓	✓
Completed CSS Profile for both student and parent for those applying to private financial institutions	✓	✓
Award Letters from School and other monies received	✓	✓
Application Fee: \$40 Check payable to Jewish Family Service		✓
Information about extra-curricular activities and community service.	✓	
<b>Essay.</b> <b>Please answer in 500 words or less: How will the Lloyd &amp; Morissa<sup>z"l</sup> Parkans Scholarship help you to meet your educational and career goals?</b> <b><i>For those who are applying for the scholarship, an interview with Adele Croft is required. Please make sure you have scheduled and completed your interview(in person or by Skype) by the May 30, 2017 deadline.</i></b>	✓	

**This application and all documents must be received at JFS by May 30, 2017. Applications will not be processed until ALL documents are received.**

## JFS STUDENT LOAN & SCHOLARSHIP BUDGET INFORMATION

All items must be computed for the same time period

<b>DIRECT EDUCATIONAL COSTS</b>		
Tuition	\$	
Fees (include student insurance)		
Books & Equipment		
<b>Total Educational Expenses (A)</b>		\$
<b>ESTIMATED LIVING EXPENSES</b>		
Housing, including utilities	\$	
Food		
Transportation, including insurance		
Medical & Dental		
Clothing & Laundry		
Loan repayments (educational loans ONLY)		
Personal & Recreation		
Other (specify):		
<b>Total Living Expenses (B)</b>		\$
<b>Total Budget Costs (A + B)</b>		
		\$
<b>RESOURCES</b>		
Parents contribution	\$	
Employment		
Financial Aid (other than JFS, from page 6)		
Savings		
Other (specify):		
<b>Total Resources (C)</b>		\$
<b>ESTIMATE OF FINANCIAL NEED (A+B-C)</b>		
		\$

**List Institutions which you have contacted for a loan or scholarship:**

TYPE OF FUNDING	DATE OF APPLICATION	AMOUNT GRANTED
Federal Pell Grant		
FAFSA		
Jewish Children's Regional Services		
OTHER:PLEASE LIST ALL THAT APPLY. USE BACK OF PAGE IF NEEDED.		

**TOTAL:**

**TOTAL SOURCES OF FUNDING: (CARRY FORWARD TO WORKSHEET ON FINANCIAL AID LINE ON PAGE 5)**

**DID YOU KNOW THE FOLLOWING SOURCES FOR GRANTS AND LOANS ARE AVAILABLE?**

- Federal Supplemental Educational Opportunity Grant(FSEOG)
- Teacher Education Assistance for College and Higher Education(TEACH) Grant
- For Students that are going to a Texas School, the TEXAS B-ON TIME Program
- Iraq and Afghanistan Service Grant
- Army College Loan Repayment Program
- Navy College Loan Repayment Program

- Office of Vocational and Adult Education (OVAE)
- Vocational Grants from Community and Technical Colleges
- Professional and Trade Organizations

**Comments and Additional Information** (use back of sheet, if necessary):

A large empty rectangular box intended for providing comments and additional information.



**2017 JFS STUDENT LOAN APPLICATION  
CO-SIGNER INFORMATION**

2 Co-Signer Forms are required, one parent and one other relative or friend

**CO-SIGNER PERSONAL INFORMATION**

Full Name:

Address:

Home  
Phone:Cell  
Phone:

City:

State:

Zip:

E-mail:

Relationship  
To Applicant:

**CO-SIGNER EMPLOYMENT INFORMATION**

Name of Employer:

Address:

Work  
Phone:

City:

State:

Zip:

Position:

**BANK INFORMATION**

Name of  
Bank:

Account#:

Name of  
Bank:

Account#:

Name of  
Bank:

Account#:

I agree to serve as an endorser for the full amount of \$\_\_\_\_\_ of the loan requested by \_\_\_\_\_ and, in the event of default, hereby agree to pay (upon demand) the balance in full. I also agree to schedule a meeting with the Senior Accounting Supervisor, along with the applicant, if the loan is approved, prior to the issuance of the check to fully understand the obligations of the loan and repayment.

Information of cosigner address, phone numbers, email and bank account information must be updated with the accounting department as changes occur.

I fully understand the nature of this obligation and have discussed same with the loan applicant.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

*Please retain a copy of this document for your files.*





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CO-SIGNER INFORMATION**

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**CO-SIGNER PERSONAL INFORMATION**

Full Name:

Address:

Home  
Phone:Cell  
Phone:

City:

State:

Zip:

E-mail:

Relationship  
To Applicant:

**CO-SIGNER EMPLOYMENT INFORMATION**

Name of Employer:

Address:

Work  
Phone:

City:

State:

Zip:

Position:

**BANK INFORMATION**

Name of  
Bank:

Account#:

Name of  
Bank:

Account#:

Name of  
Bank:

Account#:

I agree to serve as an endorser for the full amount of \$\_\_\_\_\_ of the loan requested by \_\_\_\_\_

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Signature\_\_\_\_\_  
Date

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