



**ACADEMIC HONORS OR AWARDS**

**WORK EXPERIENCE**

List jobs held in both your native country and the U.S, beginning with the 1st

<b>Dates of employment</b>	<b>Position (title)</b>	<b>Employer</b>	<b>Location</b>

**PROPOSED TRAINING**

Describe the professional educational program in which you plan to enroll or have already enrolled.

**Name of school:** \_\_\_\_\_

**Name of program:** \_\_\_\_\_

**Dates of proposed attendance:** \_\_\_\_\_

**VOLUNTEER SERVICES YOU HAVE PROVIDED TO THE COMMUNITY**

Does any member of your extended family work for either HIAS or Jewish Child & Family Services?    Yes                      No

If so, please provide    **Name:** \_\_\_\_\_                      **Relationship:** \_\_\_\_\_



216 W Jackson #700  
Chicago, IL 60606  
312-357-4666

Provide the information below for all members living in your household. The first line is for yourself. If a family member is not working write "none" under job title. If receiving public assistance, write "PA". If working part-time, check the appropriate column.

Name	Relationship to applicant	Date of Birth	Job title	Annual Income	Part time?
	self				

Are you financially dependent upon your parents?  Yes  No

School you plan to attend: \_\_\_\_\_  
 Field of study: \_\_\_\_\_

Please list below any unusual debts or expenses for which your family is responsible that you feel should be considered in evaluating your financial need:

Purpose of debt	Amount



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