

HIAS CHICAGO 2011-2012 UNDER GRADUATE SCHOLARSHIP APPLICATION

Name: _____ Sex: _____

Names used previously: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phones: home: _____ work: _____ cell: _____

Are you Jewish? Yes No

Did you immigrate to the U.S. with the help of HIAS Chicago? Yes No _____

Date arrived

Names of family members who immigrated with you (underline Principal Applicant if known):

and/or did HIAS Chicago assist you with: Green card application filed on date _____

Citizenship application filed on date _____

ACADEMIC INFORMATION:

High school(s) attended: _____ Dates: _____

_____ Dates: _____

Grade Point Average: _____ Numeric value of an A at your school: _____

Class Rank: _____ out of _____

Academic honors or awards: _____

Volunteer services you provided to the community: _____

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

Is So, please name them and their relationship to you:

Name: _____ Relationship: _____

How did you learn about this scholarship: _____

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

Purpose of debt	Amount



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