

**STUDENT APPLICATION FOR SHAPIRO GRANT FOR GRADUATE STUDENTS
FOR SCHOOL YEAR: 2024-2025**



Full Legal Name _____ Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____ County _____

Email _____

Best Phone to Reach You _____ Date of Birth _____ Age _____

Undergraduate Degree/School _____

Anticipated Career Objective _____

Graduate Program and University _____

Total Anticipated Length of Program _____ Anticipated Graduation Date _____

If not yet accepted, please list programs to which you have applied _____

How have you financed your education up to now? _____

Work Plans while in Graduate School _____

Anticipated Income _____

I certify by my signature below that I have read the policies and procedures related to applying for an accepting a Shapiro Scholarship from the Jewish Vocational Service (JVS) of MetroWest Inc.

Signature

Printed Name

Date

Applications are due no later than June 1, 2024. Please send the application along with the following documents to studentloans@jvsnj.org. Please include your last name in the subject line.

- Official documentation of acceptance
- Proof of enrollment for the Fall semester
- Current and completed FASFA
- Applicant information sheet (this form)
- Applicant Financial Aid worksheet
- Applicant tax return