

2022 AVODA AWARD APPLICATION

THIS IS YOUR APPLICATION FOR THE MOST PRESTIGIOUS and LUCRATIVE AVODA EDUCATIONAL GRANT

Handwritten Applications will not be Accepted

AVODA is a Jewish not for profit corporation, founded in 1928 by five Jewish business and professional men, and has grown to a membership of over 100 members. Its purpose is to provide financial assistance to young Jewish men and women students graduating from Atlantic County and Cape May County high schools.

Applicants must be Jewish with high scholastic achievements, be active in Jewish affairs as well as school and community programs and have need of financial assistance. Each year a four year commitment is made to next year's recipients. Awardees must maintain high marks not less than a 3.0 GPA, participate in extracurricular activities and not reflect adversely on themselves or AVODA.

This application and your official high school transcript through the first half of the current school year including grades and SAT scores must be received by March 1, 2022.

How the process works is as follows:

- **Your Guidance Counselor will give you a hard copy of the award application to complete.**
- **Access the application from the Jewish Community Center: jccatlantic.org/avoda/**
- **There you will find a link to AVODA and the on-line questionnaire to complete. Download the application to generate a form that can be filled out on-line.**
- **You can simply fill it out on-line, print it, and submit it. Only the on-line version of the application is acceptable.**

Be assured that this application and its contents will be carefully secured.

Please note all applications are due March 1st. (YOUR OBSERVANCE OF THIS IS OF GREAT IMPORTANCE! THERE ARE NO EXTENSIONS OR EXCEPTIONS!)

In the event that you find that you can not answer a question in the space provided additional pages may be added. Note in the space originally provided that answer will appear on the extra page. Start with the letter heading and title, the question, followed with the answer.

EXAMPLE OF AN ADDITIONAL PAGE

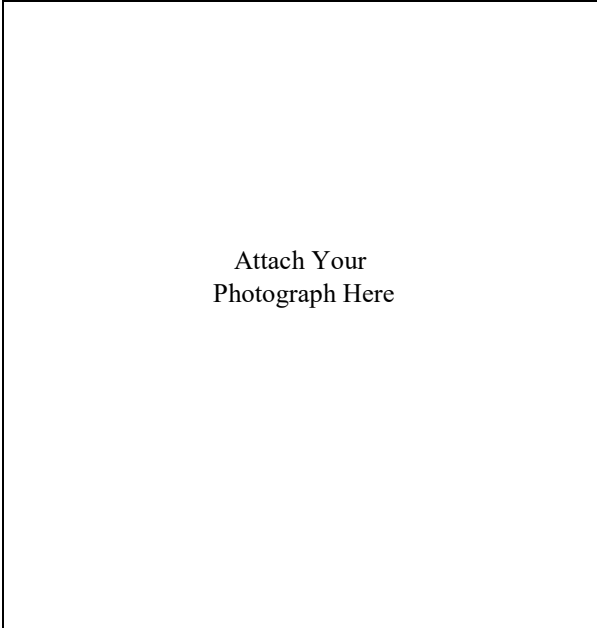
F. ACTIVITY and LEADERSHIP

#1 Employment – describe in detail all gainful employment in the past 3 years both during the summer and after school. LIST DESCRIPTION OF JOBS, APPROXIMATE HOURS WORKED AND DATE OF EMPLOYMENT.

Your answer here. etc...

APPLICATION FOR AVODA GRANT

NOTE: Applications must be fully submitted by March 1, 2022 to Joseph Handler, 1212 Parker Avenue Northfield, New Jersey 08225
Applications must include a copy of the applicant's high school transcript including grades and SAT scores. Applications must be typed. Handwritten applications will not be accepted.
All information herein is confidential.
Use additional paper if needed to answer any questions.



A. FAMILY HISTORY

1. Name:
2. Residence:
3. Telephone:
4. Date of Birth:

B. EVIDENCE OF FINANCIAL NEED

1. Number in family currently enrolled in college or graduate school.
2. Please list name of students in family and current college status:

Name of Student	College Status

3. Please list names & ages of all dependents in household (other than parents).

Name	Age	Name	Age

4. Father's employment?

5. Mothers employment?

6. If you have a 529 college savings plan or any other type of college savings plan established for you, attach a copy of the 12/31/20 statement (if more than one, attach).

C. EDUCATIONAL HISTORY

1. Schools attended for past ten years.

From	To	Name of School	Location	Courses Completed

2. What college do you wish to attend?

3. Give reasons for this choice.

4. What course do you intend to pursue and what profession do you intend to enter?

5. Why have you chosen this particular course and on whose recommendation?

6. By what colleges have you applied for admission?

7. To which colleges have you been accepted?

D. FAMILY EDUCATIONAL HISTORY (Include Parents and Siblings)

Name	Relationship	Schools Attended	Location	Years Completed

E. JEWISH CONSCIOUSNESS

1. Past Education

- a. Hebrew School Attendance Years Where
- b. Sunday School Attendance Years Where
- c. Applicant was Bar/Bat Mitzvah? Yes No

If so, where?

2. Continuing Education

- a. Applicant was confirmed? Yes No

If so, name of synagogue

- b. Hebrew High School or Community Jewish High School, e.g. Kalanu attendance. Number of years:
- c. Additional Jewish experiences (Camp Ramah, Israel Trip, etc.) – DESCRIBE

3. Religious or community endeavors.

- a. Applicant currently attends services in an organized Temple or Synagogue: Please check appropriate box:

Occasional Attendance Regular Attendance

DESCRIBE and NAME:

- b. Applicant has performed volunteer work for Jewish organizations: Please check appropriate box.

One Organization Two or more

Describe volunteer work in detail:

- c. Applicant participated in other religious oriented activities: (Youth groups, old age home, B'nai B'rith, etc.)

Please describe:

d. Applicant has been to Israel? Describe organization involved.

F. ACTIVITY AND LEADERSHIP

1. Employment – Describe in detail all gainful employment during the past three (3) years, both during the summer and after school. LIST DESCRIPTION OF JOBS, APPROXIMATE HOURS WORKED AND DATES OF EMPLOYMENT.

2. HIGH SCHOOL PARTICIPATION IN EXTRA CURRICULAR SOCIAL OR SERVICE ORGANIZATIONS:
(Band, athletics, Arista, clubs, etc.) DESCRIBE AND LIST ALL ACTIVITIES:

3. State and list offices held in above organizations.

4. State and list activities or hobbies not associated with high school:

G. GENERAL INFORMATION

I feel that I should receive the AVODA grant because: (An additional sheet may be utilized.)

REQUIRED - CERTIFICATION OF APPLICANT

I hereby certify that the facts contained in this application are true and correct, and that I respectfully make application for the AVODA AWARD, knowing that the statements contained herein will be relied upon as being true and correct.

I further certify that if I receive the AVODA AWARD, I will receive the same subject to the rules and regulations of the AVODA CLUB.

If any information provided to AVODA in connection with the application is materially incorrect, I acknowledge AVODA reserves the right to modify or terminate any award given to me.

_____ Date	_____ Signature of Applicant
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REQUIRED - CERTIFICATION OF PARENTS OR GUARDIAN

We hereby certify that we have read the answers of the application in the foregoing statement and that they are true and correct to the best of our knowledge and belief.

Enclosed is a copy of a completed and processed FAFSA (Free Application for Federal Student Aid). Including a copy of the Student Aid Report which contains the EFC (Estimated Family Contribution), The Pell Grant Estimate, and the Stafford Loan Estimate and the expected college's aid. In addition, enclosed are true and complete copies of the 1040 U.S. Individual Income Tax Returns for the immediately preceding two years. (Note the returns must be from both parents if not filing a joint-family return).

If any information provided to AVODA in connection with the application is materially incorrect, I/we acknowledge AVODA reserves the right to modify or terminate any Award given to the applicant.

_____ Date	_____ Signature of Father
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_____ Date	_____ Signature of Mother
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_____ Date	_____ Signature of Guardian
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