

JEWISH WAR VETERANS OF THE U.S.A.

Department of New Jersey

Essex-Preiskel-Miller-Glassberg Post 47

2017

Dear Applicant,

The Application Packet consists of this letter plus three applications, each with its own set of instructions.

Although the applications likely have different "due dates" and "send to" information, we request that you send all your applications to the address below, by the due date for the Bob Daniels Grant. We will screen your applications to ensure that they are complete and that you meet the criteria for the grant(s) you are applying for. Since the Daniels Grant has the shortest cut-off date, if anything in the other applications is incomplete you will have enough time to provide or make corrections.

NOTE (PERTAINING ONLY TO THE 'NATIONAL YOUTH ACHIEVEMENT AWARD' (cover letter is on the letterhead of the "Jewish War Veterans of the United States of America": Part III (3) is ONLY for those applying for the 'Millen Memorial Athletic Grant'. If you are NOT, don't bother to submit that page.

Sincerely,



Sidney H. Lichter

Post 47 Scholarship Chairman

3 attachments:

Bob Daniels Grant application

Seigel-Shapiro Grant application

National Youth Achievement Application

Send completed applications to:

Education Grants Chairman

96 Franklin St

Verona, NJ 07044-1923

SLICHTER9@COMCAST.NET

**JEWISH WAR VETERANS OF THE UNITED STATES
ESSEX-PREISKEL-MILLER-GLASSBERG POST 47
BOB DANIELS MEMORIAL EDUCATION GRANT APPLICATION**

The student must be a graduating high school senior who will be going on to post-secondary training, and is a direct lineal descendant of a member of Post 47, (or its predecessor Post 146) of the Jewish War Veterans of the United States of America. If your sponsor is a patron, see (4.), below. Suitable applications will be forwarded by us to the Department of New Jersey and/or to the Jewish War Veterans of the USA.

**APPLICATION
PART 1**

INSTRUCTIONS TO THE APPLICANT: After completing Part 1, sign in Part 2, and turn this form over to the school guidance official for the completion of Part 2.

1. NAME OF APPLICANT: _____

2. ADDRESS: _____
STREET

CITY STATE ZIP CODE

3. POST-SECONDARY SCHOOL YOU PLAN TO ATTEND:

NAME

CITY STATE ZIP CODE

4. IDENTITY OF THE JEWISH VETERAN (SPONSOR) TO WHOM YOU ARE RELATED (this person must be a member or patron of Post 47. Patrons do not qualify (unless they have been patrons of the Post for at least three (3) years).

If the sponsor is deceased, please supply proof of his/her association with former Post 146 or Post 47.

NAME RELATIONSHIP SERVICE SERIAL #

JWV POST NUMBER _____ STATE _____

5. Applicant's Home Telephone # _____

6. Applicant's email PRINT ALL CAPITAL LETTERS:

PLEASE COMPLETE **BOTH** SIDES OF THIS FORM

**JEWISH WAR VETERANS OF THE UNITED STATES
ESSEX-PREISKEL-MILLER-GLASSBERG POST 47
BOB DANIELS MEMORIAL EDUCATION GRANT APPLICATION**

PART 2

INSTRUCTIONS TO THE SCHOOL OFFICIAL: Please attach a transcript of the applicant's grades and complete the section below. Transcripts of standardized test scores should be included, along with information on the student's extra-curricular activities. Letters of recommendation are not required. Regarding the SAT score—please tell us if it is for 2 or 3 parts (not including any subject matter parts).

SAT or ACT _____ score	Class Rank (or decile) _____ out of _____
GPA _____	

Please forward the completed application to the Grant Chairman, **SIDNEY H. LICHTER**, 96 FRANKLIN ST, VERONA, NJ 07044-1923 to be received by

5 PM, MAY 13, 2017

**We reserve the right to exclude applications received after this date and time
for not being compliant with submission instructions.**

SIGNATURES _____
STUDENT

SCHOOL OFFICIAL

NOTE: Please indicate which test the student took (by circling "ACT" or "SAT") in the box above. We need some kind of objective measurement of the student's standing among his/her peers in order to compare students.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

DEPARTMENT OF NEW JERSEY

JEWISH WAR VETERANS OF THE UNITED STATES OF AMERICA

Leo A. Seigel - Dr. Philip Shapiro Education Grant

AL ADLER
Department Commander



*The Patriotic Voice
of American Jewry*

From the Office of THE GRANT COMMITTEE

Grants available from the Department of New Jersey: 3 Awards – \$2,000, \$1,500 and \$1,000.

The winners of these three awards will then be eligible for: National Grants – Rotberg Memorial Grant of \$1,000 and Millen Memorial Grant of \$1,000. Additional Grants will soon become available.

Grants will be awarded in accordance with the following rules:

ELIGIBILITY:

- A. Direct descendants (children, grandchildren and great-grandchildren) of members of Department of New Jersey JVV who have joined prior to 2013 or deceased members who were in good standing at time of death, shall be eligible to compete for the JVV State grants. Posthumous membership must be in good standing for three (3) consecutive years. Honorary Members and Patrons are not eligible.
- B. Applicants must be graduating from a private or public high school in the State of New Jersey.
- C. Applicants must have been accepted to an accredited college or university, community or junior college or a hospital school of nursing as members of the freshman class entering in the fall of 2017.
- D. The application form, completely filled out by the applicant and his/her high school, must be on file with the grant chairman no later than May 20, 2017. It is the responsibility of the applicant to furnish the school official with the name and address of the scholarship chairman. IT IS SUGGESTED THAT A STAMPED ENVELOPE ADDRESSED TO THE GRANT CHAIRMAN BE SUBMITTED WITH THE APPLICATION TO THE SCHOOL OFFICIAL.

CRITERIA:

- A. Class Standing, if available (must be in top 25% of class)
- B. SAT or ACT official test scores
- C. Grade Point Average
- D. Extra-curricular activities (School, Jewish Community and Community at Large)

SELECTIONS:

The Department of New Jersey Grant Committee shall select the three state winners, whose applications will then be forwarded to the JVV National Grant Committee for consideration for the national awards.

APPLICATION ON REVERSE SIDE

Applications must be received by May 20, 2017. Send to Chairman:
Mort Millinger
7 Lake Dr., Woodland Lake
Randolph, NJ 07869
Email: mort.millinger@gmail.com

This fund is supported by contributions from NJ-JVV Posts and members. Contributions are tax deductible and can be sent to the address above. Checks should be made out to SEIGEL-SHAPIRO EDUCATION GRANT.

Leo A. Seigel - Dr. Philip Shapiro Education Grant

APPLICATION FORM PART I

1. NAME OF APPLICANT: _____
(LAST) (FIRST) (MIDDLE)
2. ADDRESS: _____

(CITY) (STATE) (ZIP)

(PHONE #) (E-MAIL)
3. COLLEGE TO WHICH ACCEPTED: _____
4. ADDRESS OF COLLEGE: _____
5. NAME OF JWV MEMBER TO WHOM RELATED: _____
6. JWV POST # MEMBER BELONGED TO: _____
7. YOUR RELATIONSHIP TO MEMBER *(Must be direct descendant)*: ☐ PARENT or ☐ GRANDPARENT
8. EXTRA-CURRICULAR ACTIVITIES: *(Attach additional Information)*

This application meets the qualifications to apply for the JWV Grant.

SIGNED _____
MEMBER'S SIGNATURE (POST #)
SIGNED _____
POST COMMANDER (POST #)

APPLICATION FORM PART II

INSTRUCTIONS: After filling in Part I, present this form to the appropriate school official for completion.

INSTRUCTIONS to SCHOOL OFFICIALS:

Please attach a transcript of applicant's grades, class standing and GPA to date.

Official test scores and extra-curricular activities must be included.

PLEASE FORWARD COMPLETED FORMS TO THE GRANT CHAIRMAN WHOSE NAME AND ADDRESS WILL BE GIVEN TO YOU BY THE APPLICANT.

PLEASE FILL IN USING BEST SCORES.

(THIS SECTION MUST BE COMPLETED)

GPA (to date): _____ CLASS STANDING: _____

SAT: Verbal _____ or ACT: _____

MATH: _____

WRITING: _____

School Official Signature and Title



Jewish War Veterans of the United States of America

Chartered By an Act of Congress

1811 R Street, NW • Washington, DC 20009 • (202) 265-6280 • Fax (202) 234-5662 • Email: JWV@jwv.org • www.jwv.org

Academic Year 2016-2017

Enclosed in this packet are the eligibility and application guidelines and forms for the Jewish War Veterans of the United States of America National Youth Achievement Program to be awarded in **August 2017 at our National Convention and announced in September.**

The following grants will be awarded:

Clifford Lee Kristal Education Grant	\$1,250
Bernard Rotberg Memorial Grant	\$1,000
Edith, Louis and Max S. Millen Memorial Athletic Grant	\$1,000

ELIGIBILITY

- Applicant must be a **direct descendant** (child, grandchild, great-grandchild) of a **member** in good standing of the Jewish War Veterans of the United States of America. If an applicant's relative is deceased, the member must have been in good standing at the time of his/her death. All members (including Posthumous) must have joined in or prior to 2013. Applicants who are descendants of honorary members and Patrons are not eligible.
 - If the JWV member is deceased, call your Department Commander for assistance. JWV National Headquarters **does not** have records of individual Post or Department members. **It is the applicant's responsibility to obtain verification of this information.**
- Applicant must be a high school senior at the time of application and accepted by an accredited college, university, community college, or hospital school of nursing as a member of the freshman class entering in the fall of the year the student graduates.
- **Minimum Standardized Test Scores for Eligibility:**
SAT: 700 average or 2100 cumulative (pre-March 2016)
735 average or 1470 cumulative (post-March 2016)
ACT: 31
- **Minimum GPA for Eligibility:**
Unweighted: 92 or 3.7 or Weighted: 4.5

APPLICATION REQUIREMENTS

- ☐ Parts 1 and II (and III, if applying for consideration) of the application clearly filled out and signed.
- ☐ A copy of the college acceptance letter.
- ☐ A detailed resume, including extracurricular activities.
- ☐ In a signed and sealed envelope from the school, an official copy of your most recent transcript.
- ☐ Copies of official standardized test scores (ACT and/or SAT) - digital or paper – received at home. Written only in Part II will not be accepted.

****Any other materials, unless specifically requested in Part III, will not be evaluated.**

APPLICATION PROCESS

- After completing Part I, the Application Form must be signed by the JWV member related to the applicant. If the member is deceased, leave it blank and inform the Department Commander.
 - The Part III has a special emphasis on athletic achievement. Applicants who wish to be considered for this grant must fill out the information on athletic activities.
- The school completes/signs Part II and gives it to applicant with a signed and sealed transcript.
- Use the checklist above to ensure that you have all the necessary materials and meet the requirements.
- All parts of application should be mailed to the appropriate Department Commander- contact information can be found at www.jwv.org- by **May 27, 2017**.
 - **The Department Commander who receives the application must be the Commander of the Department in which the JWV member's Post was/is located.** Example: If the applicant resides in New York, but the JWV member is a member of a Florida Post, the application must be sent to the Department of Florida Commander.
 - Descendants of Post 100 and Department at Large members should forward their applications, clearly marked as such, straight to National Headquarters to the attention of Jordana Green Laurent. *These are the only applications that may be directly received by National.*
- Upon receipt, the Department Commander will confirm eligibility and sign the application form. The Department's **top four applications** will be forwarded to National HQ by the Commander.
- Applications must be received by the national headquarters no later than **July 7, 2017**. Applications received from anyone other than a Department Commander or Department Chairman will be disqualified.

National Youth Achievement Application Form

PART I

Name of Applicant _____
Last First Middle (Title)

Address _____ College Accepted to and
_____ Planning to Attend _____
_____ School Address _____

Phone number: _____

Email: _____

Name of Relative who is (or was) a JWV Member _____

Your Relationship to JWV Member _____

Please attach resume of extracurricular activities, junior and senior years only.

YOUR SIGNATURES VERIFY THAT THIS APPLICATION MEETS THE NECESSARY QUALIFICATIONS TO APPLY FOR THE JWV YOUTH ACHIEVEMENT AWARDS.

SIGNATURES:

Applicant _____

JWV Member _____

☐ Check here if JWV member is deceased.

Department Commander _____ Dept: _____
Print Name

Sign Name

National Youth Achievement Application Form

PART II

Schools Officials must complete this section and sign the bottom.

Please fill in the form below with the correct information, in addition to sending a signed and sealed transcript, and give this paper back to the applicant.

Applicant Name: _____

High School Grade Point Average _____

Class Rank _____

SAT Composite Score _____

ACT Scores:
Subject: _____

Subject: _____

SAT II Scores:
Subject: _____

Subject: _____

Subject: _____

Subject: _____

School Official Name: _____

Title: _____

Signature: _____

Don't forget to submit paper copies of your SAT and ACT scores, in addition to the above. (Copies of the official scores are acceptable).

National Youth Achievement Application Form

PART III

This section is for Edith, Louis and Max S. Millen Memorial Athletic Grant applicants *ONLY*. Applicants for this award must also complete parts I and II.

Athletics

Applicant Name: _____

Number of Major Letters: _____

Sports: (1) _____ (2) _____

(3) _____ (4) _____

(5) _____ (6) _____

Recognitions/Awards At:

City/Conference Level _____

Regional/District Level _____

State Level _____

National Level _____

Attach one letter of recommendation from Athletic (preferred) or Guidance Department.

