



## SJJF Scholarship Application

Please complete all required fields. This application is used to help SJJF understand your request and determine scholarship eligibility. Email completed form to: **info@sjjf.org**

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**Parent / Guardian Name\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Student Name\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Age of Student**

\_\_\_\_\_

**Parent Phone\***

\_\_\_\_\_

**Home Address\***

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province / Region: \_\_\_\_\_ ZIP / Postal

Code: \_\_\_\_\_

**Parent E-mail\***

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**Name of the Class You Plan to Take\***

\_\_\_\_\_

**Reason for Requesting Scholarship\***

Please explain your need for financial assistance. You may attach additional pages if necessary.

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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_