



P.O. Box 8068, Atlantic City, N.J. 08404
609-823-3153 Phone/Fax
www.jan-aischolar.org

Please fill out the following information COMPLETELY and return by mail to the above address.

Please PRINT using block letters (ALL CAPITALS) to ensure your application is completely legible

Applicant

Last Name _____ First Name _____

SOCIAL SECURITY NUMBER: _____

SCHOOL: _____

If under 18, Please provide your Parent or Legal Guardian's name and address

Parent/Guardian

Last Name _____ First Name _____

Parent/Guardian and/or Applicant's Mailing Address:

Mailing Address: _____
(Street or PO Box)

_____ (City)

_____ (State)

_____ (Zip)

Telephone (____) ____ - ____ Cell Phone (____) ____ - ____ FAX (____) ____ - ____

E-mail _____
(optional)

Applicant signature

Date

Parent/Guardian signature (*if under 18*)

Date

The Jan-Ai Scholarship Fund provides awards to applicants selected by an appointed committee that includes Board Members and Special Advisors with expertise in your topic area of interest.

BY ACCEPTING THIS SCHOLARSHIP/AWARD, I AGREE IN ALLOWING *THE JAN-AI SCHOLARSHIP FUND* TO PUBLISH MY NAME IN THE MEDIA AND ON THE OFFICIAL *JAN-AI SCHOLARSHIP FUND* WEBSITE.

Please list your area of Interest for this application:

JAN-AI SCHOLARSHIP FUND AWARD DISCIPLINES

1. Writing _____
2. Music _____
3. Visual Arts _____
4. Photography _____
5. Dance _____

Thank you for your interest in the Jan-Ai Scholarship Fund.