



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

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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 \_\_\_\_\_

**PLEASE ENCLOSE A CD/DVD OF YOUR MUSIC, DANCE, ART along with a cover letter with brief biography to include your future goals.**

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