

# JFEW Scholarship Renewal Application 2009/10

Long Island University Arnold & Marie Schwartz  
College of Pharmacy and Health Sciences

1. Your application has two parts: a scholarship renewal form and a FAFSA form.
2. The scholarship renewal form follows. You can also download a copy from the JFEW website. The FAFSA form is available by going to [www.fafsa.ed.gov](http://www.fafsa.ed.gov).
3. The deadline for submitting renewal applications for 2009-10 is **JULY 15, 2009**.
4. **Return the renewal application to Dean Cicero** at this address:

Dean Lorraine Cicero, MS Pharm D  
Assistant Dean for Academic and Student Affairs  
Arnold & Marie Schwartz College of Pharmacy and Health Sciences  
75 DeKalb Avenue Room L130E  
Brooklyn, NY 11201

You may also **drop off** the application in person, or **fax** it to Dean Cicero: 718-488-1239.

Please note: **you no longer return the application to JFEW.**

5. **LIU** will notify you of the renewal outcome by August 15.
6. The renewal criteria remain the same. If you are enrolled full-time, are in good academic standing, and have financial need, your scholarship will be renewed.
7. The amount of your scholarship award will remain the same, so long as there has been no significant change in your financial situation.
8. LIU will apply your award **directly toward tuition**; you will no longer receive a scholarship check directly. It will show up on your October 1<sup>st</sup> bill. The Office of Student Financial Services will return any excess money directly to you.
9. Please mark **October 7** on your calendars for a required orientation meeting. You will learn more about the special programs and services exclusively for JFEW recipients at the College of Pharmacy.

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SECTION 1: CONTACT INFORMATION		
1. Name:		
2. Address:		
City:	State:	Zip:
Living with Parents: Yes ( ) No ( )		
Home phone:	Cell phone:	
3. Address while at college:		
City:	State:	Zip:
4. Email Address*:		
5. Marital Status:	6. Social Security Number:	

SECTION 2: FAMILY INFORMATION				
1. List members of your immediate family below: SPOUSE, PARENTS, SIBLINGS, and YOUR CHILDREN.				
Name and Address	Relationship	Age	Occupation	Gross Annual Income

### SECTION 3: ADDITIONAL INFORMATION

1. List any personal circumstances that bear upon your ability to finance your education. Also, list any changes in your personal or financial situation.

2. We would appreciate a brief update on how you are managing in school, your current career plans and/or anything else you think is relevant.

### SECTION 4: CERTIFICATION

**The Foundation awards scholarship aid on an annual basis only, and reserves the right, at its discretion, to cancel any awards without liability.**

I hereby make application for scholarship aid and certify that the information in this application is correct.

Signature of Student: \_\_\_\_\_

SSN: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that the information in this application is correct.

Signature of Parent or Guardian: \_\_\_\_\_

SSN: \_\_\_\_\_ Date: \_\_\_\_\_