

**Jewish War Veterans Department of Michigan—
Charles Kaye (ל"ט) Scholarship Foundation**

SCHOLARSHIP GRANT APPLICATION

Congratulations on continuing your post-secondary school education!

The *Jewish War Veterans Department of Michigan—Charles Kaye (z"l) Scholarship Foundation* is pleased to offer Michigan resident students the opportunity to compete for a scholarship grant to further your schooling. Grants are available to support you whether you pursue a degree at a public or private college or university or certification in vocational training accredited by the Council on Occupational Education. You may apply for grants throughout the period of your academic studies, but only one grant will be awarded per individual.

These grants are restricted to: 1) Jewish descendants of Jewish Veterans who have served honorably in the US Armed Forces, or 2) members of the Jewish faith currently serving in any capacity in the US Armed Forces. These grants are targeted for men and women who have demonstrated the potential to complete rigorous course work, have not less than a 3.25 Grade Point Average, have been accepted by an institution providing post-secondary school education, and have made a commitment to attend a qualifying institution of higher learning. While honorably discharged Veterans have priority, all qualified applicants will be considered based on merit.

Please complete all sections of the application. Please note there are requirements to forward documents and other information with the completed application. Note also that in many cases a parent or legal guardian may be required to sign your application in the acknowledgement section at the end of the application.

Send completed applications and supporting documentation to:

JWV-MI—Kaye Foundation

P.O. Box 725066

Berkley, MI 48072-5085

Submit questions via email to: secretary@jwv-mi--kayefoundation.org.

**APPLICATIONS MUST BE RECEIVED NO LATER THAN 30 APRIL 2026.
EXTENSIONS WILL NOT BE GRANTED. AWARDS ARE MADE IN JUNE 2026.**

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Applicant Identification

(Last Name)

(First Name)

(M.I.)

(Date of Birth)

(Street Address)

(City)

(State)

(ZIP Code)

Email: _____ Phone Number: _____

NOTE: Attach copy of Michigan Driver License or Michigan Voter Identification Card.

Religious Affiliation

(Name of Synagogue, Temple, or Congregation)

(Name of Rabbi or Lay Leader)

(Street Address)

(City)

(State)

(ZIP Code)

NOTE: Attach a letter of recommendation from a rabbi or lay leader attesting to your character, commitment to Judaism, and membership. Letters must be on synagogue, temple, or congregation letterhead and include contact information of the signer.

NOTE: If you are not affiliated with a synagogue, temple, or congregation, but identify as Jewish, please attach a personal statement attesting to your beliefs in, and practice of, Jewish values.

Name and Address of Institution You Commit to Attend Next Term

(Name of College, University, or Vocational School)

(Street Address)

(City)

(State)

(ZIP Code)

NOTE: Attach a copy of acceptance letter with your name clearly indicated **AND** a copy of your commitment letter to attend that institution with its name clearly indicated.

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Current or Veteran Status/Descendancy from a Jewish Veteran

Are you a current member of the US Armed Forces of any branch (e.g., US Army, US Navy, etc.) or component (e.g., active National Guard, reserves)?

Yes _____ No _____

NOTE: If "Yes," attach a photocopy of your military identification card clearly and legibly indicating your name, rank, and expiration of term of service.

Are you an honorably discharged Veteran of the US Armed Forces?

Yes _____ No _____

NOTE: If "Yes," attach a copy of your DD Form 214 or equivalent with your name and character of service clearly legible.

Are you a direct lineal descendant of a Jewish Veteran?

Yes _____ No _____

NOTE: If "Yes," provide the name and relationship to you of a direct lineal relative who is a Jewish Veteran.

(Name of Relative Who is a Jewish Veteran)

(Relationship to You)

NOTE: Attach a copy of that relative's honorable discharge from the US Armed Forces (e.g., DD Form 214) or equivalent. Please include a statement from a living relative/clergy/lay leader attesting to the direct lineal relationship. If that relative, or you, is or was a member in good standing of the Jewish War Veterans of the United States of America, provide a copy of the applicable membership card. If the applicant is currently serving in the US Armed Forces or is an honorably discharged Veteran, proof of descendancy is not required, but proof of status in the US Armed Forces is required.

Demonstrated Academic Achievement

In a sealed envelope signed by a representative from the last (or current) school attended, please provide your most recent transcript indicating courses taken, courses completed, final grades, and class standing. Also, please provide a statement on the letterhead of the reporting institution from your guidance counselor or registrar certifying your current academic standing; your cumulative Grade Point Average; which course work, if any, is considered Advance Placement or equivalent; and your motivation and potential to satisfactorily complete post-secondary courses of instruction.

What is your cumulative current academic Grade Point Average? _____

Demonstrated Leadership Performance

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Provide a listing of significant participation and/or leadership roles in extracurricular activities (e.g., intramural sports, National Honor Society or equivalent, employment, community service/volunteer organizations, religious organizations, etc.).

Provide any letters of recommendation from educators, religious leaders, extracurricular advisers or team coaching staff, work supervisors, or community leaders.

Postsecondary Education Goals and Objectives

Please provide a personal statement indicating personal goals and objectives for post-secondary studies and your current career intentions when those studies are completed. Limit your statement to one type-written page.

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Acknowledgments

Please complete the following acknowledgments by placing your initials on the line provided and signing the form at the appropriate space. If you are under the age of 18, please have your parent or legal guardian sign in the space provided to assume requisite liability on your behalf:

I acknowledge my understanding of and commitment to complete the following as a part of this application:

- a. *If selected to receive a grant, I will be present for the ceremonial award of the grant at a place, time, and date to be announced. This is normally the fourth Sunday of June; exact details will be provided at the time notification of selection is made. I further acknowledge that I consent to photographs and other publicity relating to the award._____ (Initials)*
- b. *I acknowledge that the monetary value of the grant will be forwarded by the Foundation to the bursar, treasurer, or equivalent office of the postsecondary institution I will be attending in the next ensuing academic term._____ (Initials)*
- c. *I acknowledge that failure to meet the minimum standards (e.g., academic, financial, conduct, etc.) of the institution in which I have committed to enroll in the academic year for which the grant is made shall require pay-back of the grant in its entirety._____ (Initials)*
- d. *I acknowledge that materials provided to the JWV-MI—Kaye Foundation become the property of the JWV-MI—Kaye Foundation to be disposed of at its sole discretion and shall not be returned to me unless I have provided a return address envelope of sufficient size and with sufficient postage affixed to ensure return._____ (Initials)*

I am submitting this application and all specified supporting documentation for the sole purpose of competing for a grant to underwrite the costs associated with postsecondary education at the institution indicated in the application. All information provided herein is true and accurate to the best of my knowledge. I am of legal age and competent to enter into the agreements specified. If I am under legal age at the time of application, my parent or guardian assumes requisite liability on my behalf.

DATE: _____

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN: _____