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Scholarship Checks have been mailed to the Universities for the Fall Semester payment. We will begin accep

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Application Overview

Instructions

Please go to **Section A** to begin filling out your application.

Date Created: 2/25/2016

Application Complete?

Section A Personal:	Section A Incomplete Complete Section A Now
Section B Education:	Section B Incomplete Complete Section B Now
Section C Achievements:	Section C Incomplete Complete Section C Now
Section D Financial:	Section D Incomplete Complete Section D Now
Section E Essay/Recommendations:	Section E Incomplete Complete Section E Now
Section F Other Required Information:	Section F Incomplete Complete Section F Now

High School Transcript Received? (not applicable for Renewal Applicants)	No
College Transcript Received?	No
Parent's Tax Returns Received?	No
Award Letter Received?	No
Student Account Statement Received? (not applicable for New Applicants)	No

[Print Application](#)
[Email JM Rubin Foundation](#)

JM Rubin Foundation 505 South Flagler Drive, Suite 1320
 Flagler Center Tower, West Palm Beach, FL 33401 - (561) 833-3309 - [Contact Us](#)



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E: Essay/ Recommendations

F: Other Required Information

Section A: Personal

*** Red Items Are Required**

Instructions

Applicant Data

Student's Full Name:

Address Line 1:

Line 2:

City: West Palm Beach

State: Florida

ZIP:

Student ID:

Date of Birth: (m/d/yyyy)

Year Became Palm Beach County, Florida, Resident:

Phone: Include Area Code

Message Phone (if different): Include Area Code

Gender: Female Male

Ethnicity: East Indian Asian African American Caucasian Other Hispanic American Indian

Marital Status: Divorced Widowed Single Married Separated

Are you a U.S. Citizen? Yes No

Parent or Guardian Information

Full Name: Same Address As Student?

Address Line 1:

Line 2:

City:

State:

ZIP:

Country:

Phone: Include Area Code

Message Phone (if different): Include Area Code

Email:

Employer:

Address Line 1:

Line 2:

City:

State:

ZIP:

- Marital Status:**
- Divorced
 - Widowed
 - Single
 - Married
 - Separated

Explanation:

Parent or Guardian Information (2)

Full Name: Same Address As Student?

Address Line 1:

Line 2:

City:

State:

ZIP:

Country:

Phone: Include Area Code

Message Phone (if different): Include Area Code

Email:

Employer:

Address Line 1:

Line 2:

City:

State:

ZIP:

- Marital Status:**
- Divorced
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Explanation:

Save Section A



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Section B: Education

*** Red Items Are Required**

Instructions

High School Data

High School Name:
 (Enter here if not listed)

High School City:

Graduation Date: (m/d/yyyy)

GPA (Unweighted):

GPA (Weighted):

Your Class Ranking: (e.g. 5...)

Number of Students In Your Class: out of 500 students)

Test Scores

PSAT:

3-part SAT score, if applicable, or 2-part SAT score: **Either SAT or ACT is required**

ACT:

Currently In College: Yes No

If Yes...

Current College Name:

Year:

Current College GPA: **Required, if currently in college**

Post-Secondary School Data (School You Plan To Attend)

School Name:
 (Enter here if not listed)

City:

State:

Type: 2 Year Vocational/Technical 4 Year Other

Major or Course of Study:

Anticipated Date of Graduation: (m/d/yyyy)

Anticipated Costs

Tuition/Fees per Year:

Books/Supplies per Year:

Transportation Expenses per Year:

On/Off Campus Residence per Year:

Meals per Year:

Total Anticipated Costs:

- Residence:** On Campus
 Off Campus
 Commute from Home

Other Considered Schools

Second Choice School:

Third Choice School:



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Section C: Achievements

*** Red Items Are Required**

Instructions

Please list 1) School Activities (student government, sports, etc.) 2) Volunteer Community Activities (Red Cross, Church, Scouts, etc.) that you were involved with during the past 4 years.

Enter at least one activity

Activity (Click to Edit)	No. Years	Awards	Offices Held	Remove?
Enter Activity				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Unusual Circumstances

List any unusual family or personal circumstances that have affected your achievement in school, work experience or your participation in school and community activities.



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Section D: Financial

*** Red Items Are Required**

Instructions

Please list all financial resources you have received or anticipate receiving, including **funds from parents or relatives, grants/scholarships** and **other loans**.

Enter funds from parents.

 Recurring?

Type	Description (Click to Edit)	Amount	Recurring?	Remove?
Edit				
Grants/Scholarships ▼	<input type="text"/>	<input type="text" value="0"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="button" value="Save"/>

Please enter a name and/or description of the Grants/Scholarships you will be receiving.

Funds From Parents:

Total Resources:

Total Anticipated Costs: (From Section B)

Net Financial Need: **
(Sum of above resources less expected expenses)

* **Note:** Additional scholarship awards will affect amount of any grant from JM Rubin Foundation.

Explain Greater Need

** If Net Financial Need is greater than \$10,000, please explain in detail where you might obtain these funds or if your choice of school would change to a more affordable institution:



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Section E: Essay/Recommendations

*** Red Items Are Required**

Instructions

Essay of Personal Goals

Please write an essay telling us of your personal goals and objectives.

Required

[Edit Essay](#)

Recommendations

Invite at least **two** recommendations from Community Leaders, Educators or Employers. They will receive an email giving them instructions how to enter their letters.

Invite at least two recommendations

[Invite Recommendation](#)

Upload Recommendation Letter

Word Doc, RTF, Plain Text, PDF, GIF, or JPG.

Save Section E



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Section F: Other Required Information

*** Red Items Are Required**

Instructions

Sibling Information

Enter any siblings or check "No Siblings" below

	Name (Click to Edit)	Age	In College?	Gender	Remove?
New	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="radio"/> Female <input checked="" type="radio"/> Male	<input type="button" value="Add"/>

Check here if you have no siblings.

Please check below to indicate that you have read and understand the following:

For your application to be considered complete...

- You must mail a copy of your high school (and college, if applicable) transcript to the JM Rubin foundation.
- You must mail or upload below a copy of your parent or guardian's **complete** tax returns for the **last two consecutive years** filed (i.e., in the case of divorced parents, a tax return is needed from each parent for each year) to the JM Rubin foundation.

If you wish, you may upload your tax returns here.
Please upload each tax return separately.

The upload of your tax documents will be fully complete after pressing "Save Section F" below. At that time, you should see a message confirming the successful upload of your tax return document to your application.

Please note that the "Parent's Tax Returns Received" notification on the overview page will remain "no" until our office has fully reviewed your tax information submitted and deemed it complete for your application. Thank you for your patience.

Year File No file chosen

Accepted file types are .doc and .pdf files.

Please note that all Submittals must be received at the Foundation's office or postmarked by the due date indicated on our web site's home page.