



JWN Foundation
TRANSFORMING LIVES AND COMMUNITIES FOR A BETTER JAMAICA
SCHOLARSHIP AWARDS PROGRAM 2024

OPENING MAY20 CLOSING JULY5

FINANCIAL NEED STATEMENT

Name:
Address:

Community:
Home phone: Cell phone:
E-Mail:

INCOME INFORMATION

Total number in family (household size)

Parents/Guardians' annual net income (if claimed as dependent) \$
Your annual income* \$
Estimated assets (i.e., savings) \$
Other financial aid (grants, loans, scholarships) \$

EXPENSE INFORMATION:

Estimated Annual Household Expenses (excluding educational expenses) \$
Estimated Educational Expenses:
Tuition (per program or year) \$
Fees (per program or year) \$
Books (per program or year) \$
Other (JPS, NWC, Cable etc... please specify) \$

OTHER FINANCIAL INFORMATION:

Please explain any special circumstances you would like to have considered in this application, continuing on reverse if necessary.

Signature

Date