

2026 AVODA AWARD APPLICATION

THIS IS YOUR APPLICATION FOR THE MOST PRESTIGIOUS and LUCRATIVE AVODA EDUCATIONAL GRANT

Handwritten Applications will not be Accepted

AVODA is a Jewish not for profit corporation, founded in 1928 by five Jewish business and professional men, and has grown to a membership of over 100 members. Its purpose is to provide financial assistance to young Jewish men and women students graduating from Atlantic County and Cape May County high schools.

Applicants must be Jewish with high scholastic achievements, be active in Jewish affairs as well as school and community programs and have need of financial assistance. Each year a four-year commitment is made to next year's recipients. Awardees must maintain high marks not less than a 3.0 GPA, participate in extracurricular activities that reflect positively on your experiences.

This application and your official high school transcript through the first half of the current school year including grades and SAT scores must be received by March 1, 2026.

How the process works is as follows:

Be assured that this application will be held in strict confidentiality.

1. The application instructs the student to access the Jewish Community Center website: <https://jccatlantic.org/avoda/>. The student will fill out the online application and email it to: Dr. Joel Weiss at jwendo@aol.com
2. The student must also provide Avoda with a copy of their completed and processed FAFSA document, their family's tax returns for the past two years, and their official high school transcript through the first half of their senior year.
3. All the documents, along with the completed application should be scanned and emailed to Dr. Joel Weiss jwendo@aol.com. These private documents will be shared with members of the Avoda Committee and will be shredded at the end of the final committee meeting.
4. A completed application should also be mailed to Dr. Joel Weiss, 416 North Douglas Ave, Margate City N.J. 08402.
5. All applications and documentation must be received no later than March 1, 2026. Any materials received after March 1, 2026, will not be accepted for consideration. There are no exceptions.

**Please note all applications are due March 1st.
(YOUR OBSERVANCE OF THIS IS OF GREAT IMPORTANCE!
THERE ARE NO EXTENSIONS OR EXCEPTIONS!)**

Your answer here. Etc...

Application for Avoda Award

NOTE: Applications must be fully submitted by March 1, 2026, to Dr. Joel Weiss,; jwendo@aol.com Applications must include a copy of the applicant's high school transcript including grades and SAT scores. Applications must be typed. Handwritten applications will not be accepted. All information herein is confidential.

Attach Your
Photograph Here

A. FAMILY HISTORY

1. Name:
2. Residence:
3. Telephone and email
4. Date of Birth:

B. EVIDENCE OF FINANCIAL ASSISTANCE

1. Number in family currently enrolled in college or graduate school.
2. Please list name of students in family and current college status:

Name of Student	College Status

3. Please list names & ages of all dependents in household (other than parents).

Name	Age	Name	Age

4. Father's employment?
5. Mother's employment?
6. If you have a 529 college savings plan or any other type of college savings plan established for you, attach a copy of the 12/31/22 statement (if more than one, attach).

C. EDUCATIONAL HISTORY

1. Schools attended for past ten years.

From	To	Name of School	Location	Courses Completed

2. What college do you wish to attend?
3. Give reasons for this choice.
4. Do you have an idea of what direction of study you wish to pursue?
5. Why have you chosen this area?

6. What colleges have you applied for admission?

7. To which colleges have you been accepted?

D. FAMILY EDUCATIONAL HISTORY (Include Parents and Siblings)

[illegible]

E. JEWISH CONSCIOUSNESS

1. Past Education

a. Hebrew School Attendance	Years	Where
1. How many years did you attend Hebrew school?		
2. Where did you attend Hebrew school?		

b. Sunday School Attendance	Years	Where

c. Applicant was Bar/Bat Mitzvah? Yes ☐ No ☐

If so, where?

2. Continuing Education

a. Applicant was confirmed? Yes ☐ No ☐

If so, name of synagogue

b. Hebrew High School or Community Jewish High School, e.g. Kalanu attendance. Number of years:

c. Additional Jewish experiences (Camp Ramah, Camp Harlem, – DESCRIBE

3. Religious or community endeavors.

- a. Applicant currently attends services in an organized Temple or Synagogue: Please check appropriate box:

Occasional Attendance ☐

Regular Attendance ☐

DESCRIBE and NAME:

- b. Applicant has performed volunteer work for Jewish organizations: Please check appropriate box.

One Organization ☐

Two or more ☐

Describe volunteer work in detail:

- c. Applicant participated in other religious oriented activities: (Youth groups, old age home, B'nai B'rith, etc.)

Please describe:

- d. Applicant has been to Israel? Describe organization involved.

F. ACTIVITY AND LEADERSHIP

1. Employment – Describe in detail all gainful employment during the past three (3) years, both during the summer and after school. LIST DESCRIPTION OF JOBS, APPROXIMATE HOURS WORKED AND DATES OF EMPLOYMENT.
2. HIGH SCHOOL PARTICIPATION IN EXTRA CURRICULAR SOCIAL OR SERVICE ORGANIZATIONS: (Band, athletics, Arista, clubs, etc.) DESCRIBE AND LIST ALL ACTIVITIES:
3. State and list offices held in above organizations.
4. State and list activities or hobbies not associated with high school:

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3. State and list offices held in above organizations.

4. State and list activities or hobbies not associated with high school:

G. GENERAL INFORMATION

I feel that I should receive the AVODA grant because: (An additional sheet may be utilized.)

REQUIRED - CERTIFICATION OF APPLICANT

I hereby certify that the facts contained in this application are true and correct, and that I respectfully make application for the AVODA AWARD, knowing that the statements contained herein will be relied upon as being true and correct.

I further certify that if I receive the AVODA AWARD, I will receive the same subject to the rules and regulations of the AVODA CLUB.

If any information provided to AVODA in connection with the application is materially incorrect, I acknowledge AVODA reserves the right to modify or terminate any award given to me.

Date

Signature of Applicant

REQUIRED - CERTIFICATION OF PARENTS OR GUARDIAN

We hereby certify that we have read the answers of the application in the foregoing statement and that they are true and correct to the best of our knowledge and belief.

Enclosed is a copy of a completed and processed FAFSA (Free Application for Federal Student Aid). Including a copy of the Student Aid Report which contains the EFC (Estimated Family Contribution), The Pell Grant Estimate, and the Stafford Loan Estimate and the expected college's aid. In addition, enclosed are true and complete copies of the 1040 U.S. Individual Income Tax Returns for the immediately preceding two years. (Note the returns must be from both parents if not filing a joint-family return).

If any information provided to AVODA in connection with the application is materially incorrect, I/we acknowledge AVODA reserves the right to modify or terminate any Award given to the applicant.

Date

Signature of Father

Date

Signature of Mother

Date

Signature of Guardian