

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Scholarship Committee Name]
[FJC Scholarship Program]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Scholarship Committee Name/Recipient's Name],

Subject: FJC Scholarship Eligibility Verification

I am writing to confirm my eligibility for the FJC Scholarship Program.
Below are the details concerning my qualifications and eligibility:

1. ****Personal Information****

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Student ID (if applicable): [Your Student ID]

2. ****Education Background****

- Current Institution: [Your School/University Name]
- Course/Program: [Your Course/Program Name]
- Year of Study: [Your Year of Study]

3. ****Financial Information****

- Family Income: [Your Family Income]
- Financial Need Statement: [Brief statement about your financial need]

4. ****Other Qualifications****

- Community Involvement: [Brief details of community service, volunteer work, etc.]
- Academic Achievements: [Any relevant honors or awards]

I have attached the necessary documents to support my eligibility claim, including [list any enclosed documents such as transcripts, letters of recommendation, etc.].

Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]