

APPLICATION FOR SCHOLARSHIP AWARD
SEPHARDIC TEMPLE TIFERETH ISRAEL SCHOLARSHIP FUNDS

Sephardic Temple Tifereth Israel
10500 Wilshire Boulevard
Los Angeles, California 90024
Tel: 310 475-7311
Fax: 310-470-9238
www.sephardictemple.org

PERSONAL INFORMATION					
Last Name		First		Middle	
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Birthdate		Place of Birth			
Are you a member of Sephardic Temple?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how many years? _____	
Parents' Names					
Are your parents members of Sephardic Temple??		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how many years? _____	
If no, what is their religious affiliation?					
Are / were your grandparents members of Sephardic Temple?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, what are their names?					
List any Sephardic organizations to which you belong					
List any other Jewish organizations to which you belong					
ACADEMIC INFORMATION					
Higher education institution in which you are currently enrolled or intend to enroll					
Level at which you will be enrolled in the upcoming school year					
Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	Graduate <input type="checkbox"/>	
Cumulative GPA	High school, for entering freshmen _____		College or graduate school, for all others _____		
Ultimate educational objective (degree, certificate or credential, other)					

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Career goal upon completion of education			
Academic awards that you have received			
ADDITIONAL MATERIALS TO INCLUDE WITH YOUR APPLICATION			
Submit the following with your scholarship application			
1. A one-page personal statement explaining your choice of academic direction and describing your Jewish background and involvement.			
2. A copy of a letter of acceptance to or evidence of current enrollment in a college, university, trade school, or other reputable institution of higher education			
3. A certified copy of your most recent cumulative transcript of grades (high school, undergraduate college, or graduate school).			
DISCLAIMER AND SIGNATURE			
I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for denying an award.			
I understand that submission of an application is not a guarantee of an award. The Scholarship Committee may not be able to make awards to all applicants.			
I will make every effort to contribute back to Sephardic Temple Tifereth Israel Scholarship Funds when my income enables me to do so. By perpetuating these funds, I hope to help other students achieve similar goals.			
The Scholarship Committee reserves the right to ask for additional information if needed, and to use your name and / or excerpts from your personal statement in publications regarding the scholarship awards.			
Signature			Date

APPLICATION SUBMISSION PROCEDURE

Submit your completed application with all additional materials listed above to:

Scholarship Funds
 Sephardic Temple Tifereth Israel
 10500 Wilshire Boulevard
 Los Angeles, California 90024

The deadline for receipt of completed applications is JUNE 30.