



SCHOLARSHIP AND EDUCATION COMMITTEE
OF THE
SEPHARDIC JEWISH BROTHERHOOD OF AMERICA
67-67 108th STREET, FOREST HILLS, NY 11375
(718) 685-0080 Scholarship@SephardicBrotherhood.com

APPLICATION FOR SCHOLARSHIP AWARDS
INSTRUCTIONS: *READ CAREFULLY*

1. No application will be considered if dues are not CURRENT.
2. Scholarships will NOT be granted unless proof of enrollment for the upcoming semester has been received by the scholarship committee.
3. College scholarships will only be granted to FULL TIME students carrying a minimum of 12 credits.
4. Each applicant MUST request that transcripts be sent by his or her school directly to the Brotherhood via email to Scholarship@sephardicbrotherhood.com. Further, each applicant MUST confirm with the Brotherhood office whether such transcripts have been received. Email Scholarship@sephardicbrotherhood.com to confirm receipt.
5. College freshman must submit BOTH high school and college transcripts.
6. Applicants must be at least juniors in high school at the time their application is submitted.
7. **No applicant may receive more than four awards. (Note: this is exclusive of the “High School Junior Award”).**
8. The Delicia & Abraham Nathan Memorial Scholarship Award is an award based on need. To be eligible, you must be a high school Senior or Graduate about to enter a college, university or other institution leading to a baccalaureate degree. For more information about this award, please contact the Committee at the above phone number or email Scholarship@SephardicBrotherhood.com.

DEADLINES

APPLICATIONS (send by email to Scholarship@sephardicbrotherhood.com) must be **RECEIVED** by **March 17, 2024**. Late applications will be returned unopened.

OFFICIAL TRANSCRIPTS must be **RECEIVED** by email by **March 17, 2024**.

If you are applying for the Delicia & Abraham Nathan Award, tax returns must be RECEIVED by April 16, 2024.

**Are you applying for the Delicia & Abraham Nathan Memorial Scholarship? YES NO

NAME: _____
LAST FIRST MIDDLE

For Office Use Only

Date Received:	Dues Status:	File Number:
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APPLICATIONS MUST BE RECEIVED BY EMAIL TO
SCHOLARSHIP@SEPHARDICBROTHERHOOD.COM BY MARCH 17, 2024

1. NAME: _____
LAST *FIRST* *MIDDLE*

2. PERMANENT ADDRESS: _____
NUMBER & STREET

CITY *STATE* *ZIP CODE*

3. A) CURRENT PHONE NUMBER: ____ (____) _____
B) EMAIL: _____

4. DATE OF BIRTH: ____/____/____ MEMBERSHIP STATUS: Junior Senior File#: _____

5. A) FATHER'S NAME: _____ MOTHER'S NAME: _____
B) Is either parent a member of the Brotherhood? YES NO File#: _____

6. Please list any Brotherhood Scholarship Awards previously won and the years received.

Award / Amount	Year Received
_____	_____
_____	_____
_____	_____

7. A) Please indicate your status for the current 2023-2024 school year:
 HS College Graduate Post-Graduate

B) Please indicate your anticipated status for the 2024-2025 school year:
 HS College Graduate Post-Graduate

8. A) High School attended: _____
B) Address: _____
C) Date of Graduation: _____

D) Last Grade Completed: _____

E) Please list the following on a separate sheet of paper:

1. All honors, awards or scholarships received, from any source
2. Membership in any honor societies
3. Any academic or athletic extra-curricular activities

9. A) To which colleges have you applied?

B) To which colleges have you been accepted?

C) In which college have you enrolled? _____

10. A) College or university attended: _____

B) Address: _____

C) Dates of attendance: From _____ To: _____ Full Time Part Time

D) Course of study: Major _____ Minor: _____

E) Credits completed last semester: _____ Credits completed to date: _____

F) Current status: Freshman Sophomore Junior Senior

G) Graduation (or expected graduation) date: _____ Degree (to be) conferred: _____

H) Please list the following on a separate sheet of paper:

1. All honors, awards or scholarships received, from any source.
2. Membership in any honor societies.
3. Any academic or athletic extra-curricular activities.

11. A) To which Graduate or Post-Graduate school(s) have you applied?

B) In which school have you enrolled? _____

C) Dates of attendance (if applicable): From _____ To _____

D) Do you/will you attend: Full Time OR Part Time

E) Course of study: Major _____ Minor: _____

F) Credits completed last semester: _____ Credits completed to date: _____

G) Current Status: 1st year 2nd year 3rd year 4th year

H) Expected graduation date: _____ Degree (to be) conferred: _____

I) Please list any graduate honors received on a separate sheet of paper.

12. A) Are you currently employed? YES NO

B) Employer's name and address:

C) Nature/description of position: _____

D) Average hours of work per week: _____

13. Sephardic Narrative: On a separate sheet of paper, please describe your personal connection and/or your family's connection to the Sephardic Brotherhood and your Sephardic heritage. What does it mean to you to be Sephardic? Why are you proud to be Sephardic and a member of the Brotherhood? We encourage you to speak with your parents or grandparents to learn more about the role the Brotherhood may have played in their lives. You may also describe family traditions or history and how that has influenced who you are. This is mandatory and should be a minimum of a half page.

14. Photo: Along with your application and supporting documents, please also email a photo of yourself, ideally a headshot or a professional portrait, to scholarship@sephardicbrotherhood.com

DATE: _____ X _____
Applicant's Signature

NOTE:

- Scholarship awards are granted on the basis of scholarship and character.
- You may submit any remarks which you believe may assist the committee in reviewing your application.
- You may submit a letter(s) of recommendation from a school authority.

- ❖ College students who have completed less than 30 credits must submit high school transcripts as well as college transcripts.
- ❖ Graduate and professional students must submit transcripts for all college work completed.

Send all application materials, including digital official transcripts, to
Scholarship@SephardicBrotherhood.com