



DOROTHY L. RIEKES MUSIC & CULTURAL ARTS SCHOLARSHIP APPLICATION

- 1) Scholarships are awarded on a **financial-need** basis.
- 2) Scholarships are available only to Jewish residents of the Omaha metropolitan area.
- 3) Follow all instructions carefully!
- 5) Please address any questions to (402) 334-6551 or dwalker@jewishomaha.org
- 6) Applications are accepted year-round.

Return the following documentation in a sealed envelope to
Fund & Scholarship Administrator
The Jewish Federation of Omaha
333 S 132 St
Omaha NE 68154

- 1) Completed scholarship application
- 2) A copy of your most recent Federal Tax Return, Form 1040

Student Last Name		Student First Name		M.I.	
Preferred First Name		Gender		DOB	Age
Parent Last Name		Parent First Name			
Mailing Address					
City		State		Zip	
Home Phone #		Cell Phone #			
Parent Email Address		Marital Status			
If you have other dependents, please list names and ages					
If any dependents are attending college, list name of dependent & name of college					
To which Omaha synagogue does your family belong?					

PROGRAM INFORMATION

COMPLETE FOLLOWING SECTION FOR MUSIC PROGRAMS

For what type of music program are you applying?	<input type="checkbox"/> Vocal	<input type="checkbox"/> Instrumental
If instrumental, please list instrument(s)		
How long has the student been involved?		How long has the student been taking private lessons?
Please describe performances in which the student has participated.		
What are the student's musical goals?		
Program / Instructor Name		
Total Program Cost		\$

COMPLETE THIS SECTION FOR ALL OTHER CULTURAL ARTS PROGRAMS

Are you applying for a dance or art program?		Are you applying for another type of cultural arts program?	
If other, please describe			
How long has the student been involved?		How long has the student been taking lessons?	
Please describe performances and/or shows in which the student has been involved			
What are the student's cultural arts goals?			
Program / Instructor Name			
Total Program Cost			\$

FINANCIAL DATA

FINANCIAL NEED WITHIN THE FAMILY UNIT IS THE PRIMARY CONSIDERATION IN AWARDING SCHOLARSHIPS. PLEASE EXPLAIN IN DETAIL THOSE FINANCIAL CONDITIONS THAT YOU FEEL SHOULD BE BROUGHT TO THE ATTENTION OF THE FINANCIAL AID COMMITTEE.
Examples could include, but are not limited to, the following: parents and/or siblings also attending college; support of family member outside of the immediate family; excessive educational debt; excessive medical debt; serious medical issues affecting the family; significant loss of income in the past year; single parent with little or no income from the absent parent, etc. THE MORE COMPLETE THE INFORMATION, THE BETTER ABLE THE COMMITTEE IS TO MAKE A FAIR DETERMINATION OF THE ALLOCATION OF ITS RESOURCES.

Cost of program	\$
List any other financial assistance you will be receiving for this program	\$
Please state the amount you are requesting in scholarship funding	\$

All of the information stated in this application and all supplemental documentation, to the best of my knowledge, is accurate and complete.

Parent or Guardian Signature	Date