Instructions to Jewish Students Applying for a $10,000 Phil and Ruth Sokolof Honor Roll Merit Scholarship
For the Pursuit of a Career in the Field of Health Care
Academic Year 2020-2021

This application is for a $10,000 merit scholarship for a Jewish student from the Omaha metropolitan area who is currently enrolled in or has been admitted to a course of study at a college or university leading to a career in the field of human health care. This scholarship is not based on financial need, but is in recognition of overall good character, scholastic performance, personal achievements, and community service. An applicant (or his/her family if the student has been attending college outside Omaha) must have resided in the Omaha metropolitan area for at least the past two years.

Your application form must be received by the Sokolof Scholarship Coordinator by March 2, 2020. You are responsible for seeing that all documentation and references are received by that date.

1. Complete the application form. Please print legibly in black ink in all areas that do not require typed responses. Attach additional sheets, with your name at the top, where necessary.
2. Sign the application (page 3) and submit it to the Sokolof Scholarship Coordinator at the address above prior to March 2, 2020.
3. Arrange for your college/university transcripts from all institutions since high school, as well as scores for any testing required for your health care career, to be sent to the Sokolof Scholarship Coordinator at the address above prior to March 2, 2020.
4. Give a recommendation form to each person you have selected. Remember to complete the top of the confidential form with your signature for your voluntary waiver to access the recommendation. If you are downloading your application form from the internet, you will need to print three recommendation forms.

Please give a recommendation form to three people (not family members). At least one recommendation must be from a faculty member at your college/university. Other recommendations may be from someone who can attest to your personal character and/or academic abilities, such as a health care professional, employer, or supervisor in a volunteer setting. These forms are confidential. Please sign the waiver on each form.

The people submitting recommendations must return their forms by March 2, 2020 to Janet Henthorn, Sokolof Scholarship Coordinator, Jewish Federation of Omaha Foundation, 333 S. 132nd Street, Omaha, NE 68154. In order to facilitate the timely return of your recommendations, it is advisable to attach to each recommendation form a legal-size, stamped envelope, addressed to the Sokolof Scholarship Coordinator.

You may call Janet Henthorn at 402.334.6551 or email her at jhenthorn@jewishomaha.org with any questions.

While the deadline is March 2, 2020, earlier submissions are encouraged. The recipients of the Sokolof Scholarships will be notified by March 31, 2020.
Application for a $10,000 Phil and Ruth Sokolof Honor Roll Merit Scholarship
For the Pursuit of a Career in the Field of Health Care
Academic Year 2020-2021

This application is for a $10,000 merit scholarship for a Jewish student from the Omaha metropolitan area who is currently enrolled in or has been admitted to a course of study at a college or university directly leading to a career in the field of health care. **This scholarship is not based on financial need, but is in recognition of overall good character, scholastic performance, personal achievements, and community service.** An applicant (or his/her family if the student has been attending college outside Omaha) must have resided in the Omaha metropolitan area for at least the past two years.

This application is due by March 2, 2020 to the above address. Late application or application with late supporting documentation will not be accepted. Scholarships will be awarded by the Sokolof Scholarship Committee of the Jewish Federation of Omaha Foundation.

**General Information**

How long have you lived in the Omaha Metropolitan Area? __________________________

Date of application _________________ Age __________ Date of birth ________________

Anticipated Graduation Date ____________________________________________________________________

Name ____________________________________________ Last
__________________________________________ First
__________________________________________ Middle

Mailing Address ____________________________________________ Street
__________________________________________ City
__________________________________________ State
__________________________________________ Zip

Email ____________________________________________

Phone number ____________________________ Cell ____________________________

Mother’s name ________________________________

Address ____________________________________________ If different from student

Father’s name ________________________________

Address ____________________________________________ If different from student
Transcripts and Test Scores

You must request that an official copy of your college/university transcript be sent to the Sokolof Scholarship Coordinator, Jewish Federation of Omaha Foundation, 333 S. 132nd Street, Omaha, NE 68154 by March 2, 2020. The transcript must reflect your cumulative GPA from your freshman year through your most recently-completed semester. If you have attended more than one institution since high school, request a transcript from each college or university. Your official score on any test required for entrance into your chosen health care field must also be sent to the Sokolof Scholarship Coordinator by March 2, 2020.

School currently attending ____________________________________________________________

Transcript requested from __________________________________________________________

Other schools attended including high school ___________________________________________

________________________________________________________________________________

Test taken for entrance to professional school:

Name of test ________________________________________________________________

Date __________________________ Score _______________________________________

Have you ever been expelled, suspended, dismissed or had any disciplinary action taken against you? Yes _______ No _______ If yes, please explain.

Have you ever been convicted of a misdemeanor, felony or other crime? Yes _______ No _______ If yes, please explain.

Health Care Field

In what field of health care are you seeking a degree? ___________________________

________________________________________________________________________________

What professional school do you attend now or to what professional school(s) have you been accepted? (If you will begin your first year in 2020, please include a copy of your acceptance letter.)
Activities since High School

On an attached sheet, with your name at the top, please type your responses to the following:

1. Describe your academic and school-related activities, including years of involvement.

2. Describe your other activities and community service, including volunteer experiences, and your years of involvement. For volunteer experiences, please include number of hours spent on each.

3. List prizes, honors, awards and/or scholarships received.

4. List employment since high school, including type of work and length of employment.

Essays

On an attached sheet, with your name at the top, please type your answers to the following questions using no more than 200 words for each answer.

1. Why did you choose your particular area of health care?

2. What qualities do you think someone in the health care field you are entering needs to possess? How do you demonstrate these qualities?

3. Why do you feel you should be considered for this Sokolof scholarship?

To the best of my knowledge, all information on this application is accurate and truthful.

Signature ________________________________ Date _____________
Confidential Recommendation Form
$10,000 Phil and Ruth Sokolof Honor Roll Merit Scholarship
For the Pursuit of a Career in the Field of Health Care
Academic Year 2020-2021

To the student:  I voluntarily waive access to this recommendation.

Student’s Name (Print) __________________________________________
Student’s Signature ___________________________________________ Date __________

To the person submitting the recommendation:
This student is applying to the Phil and Ruth Sokolof Honor Roll Fund, administered by the Jewish Federation of Omaha Foundation, for a $10,000 merit scholarship for his/her pursuit of a degree in the health care field. These scholarships will be presented to each of two Jewish students from the Omaha metropolitan area attending college or university and are not based on financial need. Criteria are: overall good character, scholastic performance, personal achievement and community service. We appreciate your honesty; please inform us if you know of any reason why this student should not receive this merit scholarship. Your evaluation will be kept in confidence. Thank you for your time and effort on this student’s behalf.

For the student to be considered for this scholarship, this form must be returned to the address below no later than March 2, 2020.

Please attach a signed sheet with the student’s name and your name at the top telling us why you feel this student would be a deserving candidate for this Sokolof scholarship. Describe topics you are familiar with that will be helpful to the selection committee, such as academic performance, motivation, compassion and dependability.

How long have you known this student and in what context? __________________________
________________________________________

Please print your name _________________________________________________
Signature ___________________________________________ Date _________________

Email _______________________ Phone number ___________________________

You may call Janet Henthorn, Sokolof Scholarship Coordinator, at 402.334.6551 or email her at jhenthorn@jewishomaha.org with any questions.

Please return this form no later than March 2, 2020 to:
Janet Henthorn, Sokolof Scholarship Coordinator
Jewish Federation of Omaha Foundation
333 S. 132nd Street Omaha, NE 68154