



101 Garden of Eden Road, Wilmington, DE 19803  
[www.ShalomDelaware.org](http://www.ShalomDelaware.org)

## GRATZ TEEN EDUCATION SCHOLARSHIP APPLICATION

The GRATZ High School Scholarship Fund of the Jewish Fund for the Future, the endowment arm of the Jewish Federation of Delaware, was established by Gratz Hebrew High School in 2011. Merit scholarships are awarded to high school students (currently in 9th to 12th grade and gap year) attending a program in Israel, a Jewish Camp, or some other form of educational Jewish program. The amount available is determined annually by the proceeds of the fund.

Please read the guidelines on [www.ShalomDelaware.org](http://www.ShalomDelaware.org) and follow the application carefully.

### Section I – Student Information

|                                       |                           |               |                  |
|---------------------------------------|---------------------------|---------------|------------------|
| <b>Last Name</b>                      | <b>First Name</b>         | <b>Middle</b> | <b>Birthdate</b> |
| <b>Permanent Address</b>              | <b>City</b>               | <b>State</b>  | <b>Zip Code</b>  |
| <b>Current Address (if different)</b> | <b>City</b>               | <b>State</b>  | <b>Zip Code</b>  |
| <b>Parent's Names</b>                 |                           |               |                  |
| <b>Religious Affiliation</b>          | <b>Congregation</b>       | <b>City</b>   | <b>State</b>     |
| <b>Best Phone</b>                     | <b>Best Email</b>         |               |                  |
| <b>Name of school you attend</b>      | <b>Current year/grade</b> |               |                  |

Please list prior support you *received* or *requested* from the Jewish Federation of Delaware for any of the following: Jewish Fund for the Future, Holocaust Education Committee, One Happy Camper, etc.

| Name of Program | Date Applied | Amount Requested | Received Status: Yes / No / Waiting |
|-----------------|--------------|------------------|-------------------------------------|
|                 |              |                  |                                     |
|                 |              |                  |                                     |
|                 |              |                  |                                     |
|                 |              |                  |                                     |

## Section II – Program Information

**Program Activity:** Please list the program or activity for which you are requesting support.

| Name/Address of Organization | Dates (from/to) | Average Hours per Month | Activity / Position    |             |
|------------------------------|-----------------|-------------------------|------------------------|-------------|
|                              |                 |                         |                        |             |
|                              |                 |                         |                        |             |
| Contact Name, Title          | Phone Number    |                         | Program / Tuition Cost | Other Costs |
|                              |                 |                         | \$                     | \$          |

**Other funding for this program you have applied for:**

| Name of Organization | Date Applied | Amount Requested | Received Status: Yes / No / Waiting |
|----------------------|--------------|------------------|-------------------------------------|
|                      |              |                  |                                     |
|                      |              |                  |                                     |
|                      |              |                  |                                     |
|                      |              |                  |                                     |

**Section V – Extra-curricular activities and volunteer work/community service.** Use and attach additional document, if needed.

| <b>Community Service activities:</b> Please list your involvement outside of school with nonprofit, community, civic and/or faith-based organizations for the past 3 years only. |                      |                               |                        |
|--|----------------------|-------------------------------|------------------------|
| Name of Organization   | Dates<br>(from - to) | Average<br>Hours per<br>Month | Activities / Positions |
|  |                      |                               |                        |
|  |                      |                               |                        |
| <b>For Previous Gratz Scholarship Recipients:<br/>Jewish Federation of Delaware</b>  |                      |                               |                        |

Volunteer on Super Sunday, Speak in community, Written articles for *Jewish Living Delaware*, etc.

| <b>Extra-curricular activities:</b> Please list any school leadership experiences over the past 3 years, including clubs and sports |                      |                               |                        |
|---|----------------------|-------------------------------|------------------------|
| Name of Organization  | Dates<br>(from - to) | Average<br>Hours per<br>Month | Activities / Positions |
|   |                      |                               |                        |
|   |                      |                               |                        |
|   |                      |                               |                        |

| <b>Work Experience:</b> Please list any internships or work experience over the past 3 years. |                      |                               |                             |
|---|----------------------|-------------------------------|-----------------------------|
| Name of Business  | Dates<br>(from - to) | Average<br>Hours per<br>Month | Position / Responsibilities |
|   |                      |                               |                             |
|   |                      |                               |                             |

**Section VI - References**

***All applicants must provide two references from someone other than a family member.***

| Name of Reference | Title | Organization |
|-------------------|-------|--------------|
|                   |       |              |
|                   |       |              |

## Section VII – Personal Statement

*On a separate page, please describe your interest and reasons for pursuing this program. Articulate what you hope to gain from the experience.*

## Section VIII – Commitment to Jewish Federation of Delaware's Annual Campaign

*Every Gratz Scholarship recipient is required to participate in the Jewish Federation of Delaware's Annual Campaign. In the year following my return I agree to make such a contribution and to perform community service in recognition of the funds granted to me. This may include volunteer at the Jewish Federation of Delaware's Super Sunday event, writing an article for Jewish Living Delaware and/or speaking about my experience at a community forum and/or advocating for Israel in the community.*

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Parent/Guardian >`^j Kz{ vX

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**Section VIII – Signature** If under Age 18, a parent or guardian’s signature is also required.

The undersigned applicant hereby consents and agrees, or if under age 18 the undersigned parent(s) or natural guardian(s) hereby consent and agree individually and on behalf of the child or ward and represent that he/she are, in fact, acting in such capacity, to waive any confidentiality with respect to the above information with the understanding that this information will be used by the Jewish Federation of Delaware’s Selection Committee and employees for the purpose of evaluating the applicant to receive a scholarship. If the applicant is selected to receive a scholarship, permission is hereby given for the Jewish Federation of Delaware to publish the applicant’s name and photos.

Further it is agreed to release and hold harmless the Selection Committee and the Jewish Federation of Delaware, its agents and employees for any defect in or lack of capacity by the undersigned to act on behalf of the minor, or for any acts, neglects or defaults of any volunteer or any person employed by the Committee or by the Federation selected with reasonable care, or for any error in judgment, or any act done or steps taken or omitted, or done on the advice of counsel, for any mistakes of facts of law, or for anything the Committee or Federation may do or refrain from doing in good faith.

The information on this application is true and complete to the best of my/our knowledge.

The applicant plans to complete the intended course of study for which he/she is requesting a scholarship.

|                          |             |
|--------------------------|-------------|
| <b>Student signature</b> | <b>Date</b> |
|--------------------------|-------------|

|  |             |
|--|-------------|
| <b>Parent(s) / Guardian(s) signature</b> | <b>Date</b> |
| _____                                    | _____       |
| _____                                    | _____       |

**Section IX – Parent(s) / Guardian(s) Contact Information**

|                   |                   |                     |                 |
|-------------------|-------------------|---------------------|-----------------|
| <b>First Name</b> | <b>Middle</b>     | <b>Last Name</b>    |                 |
| <b>Address</b>    | <b>City</b>       | <b>State</b>        | <b>Zip Code</b> |
| <b>Best Phone</b> | <b>Best Email</b> | <b>Relationship</b> |                 |

|                   |                   |                     |                 |
|-------------------|-------------------|---------------------|-----------------|
| <b>First Name</b> | <b>Middle</b>     | <b>Last Name</b>    |                 |
| <b>Address</b>    | <b>City</b>       | <b>State</b>        | <b>Zip Code</b> |
| <b>Best Phone</b> | <b>Best Email</b> | <b>Relationship</b> |                 |

## **APPLICATION INSTRUCTIONS**

1. **Applications must be legible or will not be considered. Please print.**
2. Complete all sections, attach additional sheets if necessary.
3. Applications may be submitted online or downloaded and mailed.
4. **Please do not** submit any personal financial information, tax returns, etc.
5. Applicants **must** include a personal statement reflecting their interests and qualifications.
6. Any Applicant that received previous funding must identify where they participated in the Jewish Federation of Delaware's Annual Campaign. This may include volunteering at Super Sunday, writing an article for Jewish Living Delaware and/or speaking about your experience at a community forum and/or advocating for Israel in the community.
7. If you have any questions, call (302) 427-2100 or FAX (302) 427-2438.
8. Completed applications can be emailed to **JFF@ShalomDel.org**