



Bea Weisz Scholarship Application

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ Zip Code _____

Phone Number _____ Cell Number _____

Email _____

Date of Birth _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Does Applicant work? Yes () No () If so, approx. Annual Income: \$ _____

Number of dependent children in household _____ Number of children attending college _____

School planning to attend _____ Yearly Tuition \$ _____

Describe the education program you plan to pursue.

List your past and present involvement in the Jewish community.

What does the word Jewish mean to you?

Name: _____

Name of High school _____

Graduation Date _____

List your high school activities (student government, sports, committees, music, etc.) and other education or leadership programs attended. Include summer programs, study abroad and hobbies.

Please explain any additional financial factors which you feel the scholarship committee should be aware of in order to help us make a decision regarding your request (any temporary financial difficulties, family expenses, major illnesses, etc).

List other information you feel should be considered.

Please feel free to add additional pages, if necessary.

Student's Signature _____ Date _____

Please return to Sue Bendalin, sbendalin@jfedelpaso.org

Jewish Federation of El Paso - 7110 N. Mesa - El Paso, TX 79912