



Savannah Jewish
Federation

**2019 JACOB AND IDA W. ULMAN
COLLEGE SCHOLARSHIP APPLICATION
SAVANNAH JEWISH FEDERATION**

Check where applicable

- 1st year request
- 2nd year request
- 3rd year request
- 4th year request

Application due by May 1, 2019

Academic Year: 201__ through 201__

NAME: _____ DOB: _____ SEX: _____

CURRENT ADDRESS: _____

CITY STATE ZIP

PERMANENT ADDRESS: _____

CITY STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

MARITAL STATUS: Married Single EMAIL _____

CURRENT SCHOOL: _____

CITY STATE ZIP

COLLEGE TO BE ATTENDED: _____

COLLEGE ADDRESS: _____

CITY STATE

CURRENT YEAR ACADEMIC AVERAGE (GPA): _____ OVERALL ACADEMIC AVERAGE (GPA): _____

FAMILY STATUS AND INCOME:

PARENT 1 NAME: _____ INCOME: _____

OCCUPATION: _____ EMPLOYER: _____

EMAIL: _____ CELL: _____

PARENT 2 NAME: _____ INCOME: _____

OCCUPATION: _____ EMPLOYER: _____

EMAIL: _____ CELL: _____

SIBLINGS:

AGE:

SCHOOL:

OTHER FINANCIAL ASSISTANCE APPLIED FOR:

_____ \$ _____
_____ \$ _____
_____ \$ _____

CAREER GOAL: _____

ESTIMATED EXPENSES FOR NEXT YEAR:

TUITION	\$ _____
ROOM AND BOARD	\$ _____
BOOKS	\$ _____
TRANSPORTATION	\$ _____
PERSONAL EXPENSES	\$ _____
TOTAL	\$ _____
AMOUNT OF CASH IN BANK	\$ _____
AMOUNT OF INCOME NEXT SUMMER	\$ _____
AMOUNT OF MONEY FROM FAMILY	\$ _____
TOTAL	\$ _____

ESSAY: As this award is given based on need, availability and the participation you have made to the Savannah Jewish community, please tell the committee (500 words or less) why you should be considered. Each year must have an original essay.

**IN ORDER FOR YOUR REQUEST TO BE CONSIDERED,
ALL OF THE FINANCIAL INFORMATION ON THIS FORM
MUST BE FILLED OUT COMPLETELY.**