



Savannah Jewish
Federation

2026 JACOB AND IDA W. ULMAN COLLEGE SCHOLARSHIP APPLICATION

Application due by March 13, 2026
**Email completed application to
CEO@SavJ.org**

Check where applicable

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

Academic Year: 202____ through 202____

NAME: _____ DOB: _____ SEX: _____

CURRENT ADDRESS:

	CITY	STATE	ZIP
PERMANENT ADDRESS:			

	CITY	STATE	ZIP
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HOME PHONE: _____ CELL
PHONE: _____

MARITAL STATUS: Married Single EMAIL

CURRENT SCHOOL:

	CITY	STATE	ZIP
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COLLEGE TO BE ATTENDED:

	CITY	STATE
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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	\$ _____
<i>TOTAL</i>	\$ _____
AMOUNT OF CASH IN BANK	\$ _____
AMOUNT OF INCOME NEXT SUMMER	\$ _____
AMOUNT OF MONEY FROM FAMILY	\$ _____
<i>TOTAL</i>	\$ _____

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.