**The Rina Sky Wolfgang Memorial Scholarship**

**General Guidelines and Eligibility**

**Purpose of Scholarship**

The Rina Sky Wolfgang Memorial Scholarship is for post-secondary school educational/ vocational scholarships for Grimsley High School Seniors.  The Amount of the Scholarship(s) each year shall be determined by the Wolfgang Family, with the intent that each scholarship be at **least one thousand dollars ($1000).**

**Eligibility**

To qualify, you must meet the following requirements:

* Plan to attend a post-secondary college or vocational program;
* Currently a Senior at Grimsley High School, Greensboro, North Carolina; and
* Demonstrate that you have overcome adversity.

**How to Apply**

* Submit the following documents:
  + Completed and signed Scholarship application;
  + Proof of enrollment as a Grimsley High School Senior;
  + Proof of Acceptance to an educational/ vocational school or program; and
  + An essay how you managed to overcome adversity.

**Stipulations**

* The Scholarship grant will be sent to the educational/vocational school or program for the benefit of the Scholarship Recipient.
* The completed application is due by **June 1.**
* Final Selection will include phone or in-person interview.

The application is available online at http://www.JewishFoundationNC.org/Rina Sky Wolfgang Memorial Scholarship

**Instructions for Completing the Application**

1. Please download the application, complete, and mail together with the required documents and essays to: Jewish Foundation of Greensboro

The Rina Sky Wolfgang Memorial Scholarship

P.O. Box 49519

Greensboro, NC 27410

1. Please sign the application.
2. The due date for the application is **June 1.**

***The Rina Sky Wolfgang Memorial Scholarship***

***Application***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant’s Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of residence of Applicant/Family in North Carolina: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current or the most recent high school with dates attended:

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Expected date of High School graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am applying to the following colleges/vocational programs:

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What are your educational/vocational goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List your volunteer activities in the community with dates and any positions of leadership you have held:

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List additional extracurricular activities including sports, music, and hobbies with dates:

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**PLEASE COMPLETE THE FOLLOWING**

**QUESTIONS ON A SEPARATE TYPED SHEET**

1. Briefly describe one past achievement or accomplishment.
2. Briefly describe a situation in which you overcame adversity or hardship.
3. Briefly describe why you would like to receive this scholarship.
4. Please provide the names, addresses, telephone numbers, and e-mail addresses for two (2) people who can serve as references. Please notify them that they may be contacted by the scholarship committee. One should be academic; a second can be either an academic or a personal reference, e.g., coach, employer, clergy, youth group leader.

**I hereby declare that the information furnished on this application is true and accurate to the best of my knowledge and belief.**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only Applicant ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The Rina Sky Wolfgang Memorial Scholarship***

**CHECKLIST OF ATTACHMENTS**

**TO BE SUBMITTED WITH THIS APPLICATION**

**AS SOON AS THEY ARE AVAILABLE**

* Completed and signed Scholarship application
* Acceptance letter from the educational/ vocational school or program you will be attending
* Transcripts from high school and/or most recently attended school
* Completed Questions
* List of References

Please send the requested documents with your application to:

Jewish Foundation of Greensboro

The Rina Sky Wolfgang Memorial Scholarship

P.O. Box 49519

Greensboro, NC 27410