

**APPLICATION FOR SCHOLARSHIP AWARD**  
**SEPHARDIC TEMPLE TIFERETH ISRAEL SCHOLARSHIP FUNDS**

Sephardic Temple Tifereth Israel  
 10500 Wilshire Boulevard  
 Los Angeles, California 90024  
 Tel: 310 475-7311  
 Fax: 310-470-9238  
[www.sephardictemple.org](http://www.sephardictemple.org)

<b>PERSONAL INFORMATION</b>					
Last Name		First		Middle	
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Birthdate		Place of Birth			
Are you a member of Sephardic Temple?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how many years? _____	
Parents' Names					
Are your parents members of Sephardic Temple??		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, for how many years? _____	
If no, what is their religious affiliation?					
List any Sephardic organizations to which you belong					
List any other Jewish organizations to which you belong					
<b>ACADEMIC INFORMATION</b>					
Higher education institution in which you are currently enrolled or intend to enroll					
Level at which you will be enrolled in the upcoming school year					
Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	Graduate <input type="checkbox"/>	
Cumulative GPA	High school, for entering freshmen _____		College or graduate school, for all others _____		
Ultimate educational objective (degree, certificate or credential, other)					

**Sephardic Temple Tifereth Israel Application for Scholarship Award**

Career goal upon completion of education	
Academic awards that you have received	
<b>ADDITIONAL MATERIALS TO INCLUDE WITH YOUR APPLICATION</b>	
Submit the following with your scholarship application	
1.	A one-page personal statement explaining your choice of academic direction and describing your Jewish background and involvement.
2.	A copy of a letter of acceptance to or evidence of current enrollment in a college, university, trade school, or other reputable institution of higher education
3.	A certified copy of your most recent cumulative transcript of grades (high school, undergraduate college, or graduate school).
<b>DISCLAIMER AND SIGNATURE</b>	
I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for denying an award.	
I understand that submission of an application is not a guarantee of an award. The Scholarship Committee may not be able to make awards to all applicants.	
I will make every effort to contribute back to Sephardic Temple Tifereth Israel Scholarship Funds when my income enables me to do so. By perpetuating these funds, I hope to help other students achieve similar goals.	
The Scholarship Committee reserves the right to ask for additional information if needed, and to use your name and / or excerpts from your personal statement in publications regarding the scholarship awards.	
Signature	Date

**APPLICATION SUBMISSION PROCEDURE**

**Your completed application must be submitted by June 1.**

**Applications received after that date will not be accepted.**

**If you don't receive a confirmation for your submission, please contact the temple Director.**

**Submit your application to:**

**Avi Levy**

**Director of Operations, Sephardic Temple Tifereth Israel**

[avi@sephardictemple.org](mailto:avi@sephardictemple.org)

Or you can mail your application to:

Submit your completed application with all additional materials listed above to:

Scholarship Funds  
 Sephardic Temple Tifereth Israel  
 10500 Wilshire Boulevard  
 Los Angeles, California 90024

**The deadline for receipt of completed applications is JUNE 30.**