



Jewish Federation
OF DELAWARE
JEWISH FUND FOR THE FUTURE

101 Garden of Eden Road, Wilmington, DE 19803
www.ShalomDelaware.org

GRATZ TEEN EDUCATION SCHOLARSHIP APPLICATION

The GRATZ High School Scholarship Fund of the Jewish Fund for the Future, the endowment arm of the Jewish Federation of Delaware, was established by Gratz Hebrew High School in 2011. Merit scholarships are awarded to high school students ages 12-19 attending a program in Israel, a Jewish Camp, or some other form of educational Jewish program. The amount available is determined annually by the proceeds of the fund.

Please read the guidelines on www.shalomdelaware.org and follow the application carefully.

Please note: A student cannot apply for One Happy Camper grant (first time Jewish summer camp) and Gratz Teen Education grant for the same program in the same year. If a student receives a grant from One Happy Camper one summer they can apply for Gratz Teen Education Scholarship the following summer.

Section I – Student Information

Last Name	First Name	Middle	Birthdate
Permanent Address	City	State	Zip Code
Current Address(if different)	City	State	Zip Code
Parent's Names			
Religious Affiliation		Congregation/City/State	
Best Phone		Best Email	

Please list prior support you *received* or *requested* from the Jewish Federation of Delaware for any of the following: Jewish Fund for the Future, Holocaust Education Committee one Happy Camper, etc..

Name of Program	Date Applied	Amount Requested	Received: Yes / No / Waiting

Section II – Program Information

Program Activity: Please list the program or activity for which you are requesting support.

Name/Address of Organization	Dates (from/to)	Average hours per month	Activity / Position	
Contact Name, Title	Phone Number		Program / Tuition Cost	Other Costs
			\$	\$

Have you applied for other funding for this program:

Name of Organization	Date Applied	Amount Requested	Received: Yes / No / Waiting

Section V – Extra-curricular activities and volunteer work/community service. Use additional sheet, if needed.

Community Service activities: Please list your involvement outside of school with nonprofit, community, civic and/or faith-based organizations for the past 3 years only.

Name of Organization	Dates (from/to)	Average hours per month	Activities / Positions

Extra-curricular activities: Please list any school leadership experiences over the past 3 years, including clubs and sports.

Name of Organization	Dates (from/to)	Average hours per month	Activities / Positions

Work Experience: Please list any internships or work experience over the past 3 years.

Name of Business	Dates (from/to)	Average hours per month	Position / Responsibilities

References

All applicants must provide two references from someone other than a family member.

Name of Reference	Title	Organization

Section VII – Personal Statement

On a separate page, please describe your interest and reasons for pursuing this program. Articulate what you hope to gain from the experience.

Signature If under Age 18, a parent or guardian’s signature is also required.

The undersigned applicant hereby consents and agrees, or if under age 18 the undersigned parent(s) or natural guardian(s) hereby consent and agree individually and on behalf of the child or ward and represent that he/she are, in fact, acting in such capacity, to waive any confidentiality with respect to the above information with the understanding that this information will be used by the Delaware Gratz Selection Committee and employees for the purpose of evaluating the applicant to receive a scholarship. If the applicant is selected to receive a scholarship, permission is hereby given for the Jewish Federation of Delaware to publish the applicant’s name and photos.

Further it is agreed to release and hold harmless the Selection Committee and the Jewish Federation of Delaware, its agents and employees for any defect in or lack of capacity by the undersigned to act on behalf of the minor, or for any acts, neglects or defaults of any volunteer or any person employed by the Committee or by the Federation selected with reasonable care, or for any error in judgment, or any act done or steps taken or omitted, or done on the advice of counsel, for any mistakes of facts of law, or for anything the Committee or Federation may do or refrain from doing in good faith.

The information on this application is true and complete to the best of my/our knowledge.

The applicant plans to complete the intended course of study for which he/she is requesting a scholarship.

Student signature	Date
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Parent(s) / Guardian(s) signature	Date
_____	_____
_____	_____

Section VIII – Parent(s) / Guardian(s) Contact Information

First Name	Middle	Last Name		
Address	City	State	Zip Code	
Best Phone	Best Email		Relationship	

First Name	Middle	Last Name		
Address	City	State	Zip Code	
Best Phone	Best Email		Relationship	

Every Gratz Scholarship recipient is required to participate in the Jewish Federation of Delaware's Annual Campaign. In the year following my return I agree to make such a contribution and to perform community service in recognition of the funds granted to me. This may include reporting to the Jewish Federation of Delaware's, writing an article or the Jewish Voice and/or speaking about my experience at a community forum and/or advocating for Israel in the community.

If you have any questions, call (302) 427-2100 or FAX (302) 427-2438.

Completed applications can be emailed to Scholarships@ShalomDel.org

Section VIII – Signature If under Age 18, a parent or guardian’s signature is also required.

The undersigned applicant hereby consents and agrees, or if under age 18 the undersigned parent(s) or natural guardian(s) hereby consent and agree individually and on behalf of the child or ward and represent that he/she are, in fact, acting in such capacity, to waive any confidentiality with respect to the above information with the understanding that this information will be used by the Jewish Federation of Delaware’s Selection Committee and employees for the purpose of evaluating the applicant to receive a scholarship. If the applicant is selected to receive a scholarship, permission is hereby given for the Jewish Federation of Delaware to publish the applicant’s name and photos.

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The applicant plans to complete the intended course of study for which he/she is requesting a scholarship.

Student signature	Date

Parent(s) / Guardian(s) signature	Date
_____	_____
_____	_____

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First Name	Middle	Last Name	
Address	City	State	Zip Code
Best Phone	Best Email	Relationship	

First Name	Middle	Last Name	
Address	City	State	Zip Code
Best Phone	Best Email	Relationship	

APPLICATION INSTRUCTIONS

1. **Applications must be legible or will not be considered. Please print.**
2. Complete all sections, attach additional sheets if necessary.
3. Applications may be submitted on line or downloaded and mailed.
4. **Please do not** submit any personal financial information, tax returns, etc.
5. Applicants **must** include a personal statement reflecting their interests and qualifications.