

RABBI MORRIS SCHOLARSHIP APPLICATION FUND
CONTINUING EDUCATION APPLICANT (NOT PRESENTLY IN SCHOOL)

Last Name _____, First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Present Job _____

Employer _____

On separate sheet(s) or paper please answer the following, Type or write/print legibly in black ink. Put your name on top right corner of each sheet. Applications should be typed or word processed on a computer.

1. Briefly describe you educational background and your work experience since leaving school.
2. Why have you decided to return to school?
3. In several sentences tell us why you are applying for this scholarship.
4. How have Jewish values shaped who you are and how will they help you achieve your new career goals?

This scholarship is for \$300.

RETURN TO DIANE EHRLICH C/O SISTERHOOD CONGREGATION BETH-ISRAEL JUDEA NO LATER THAN FEBRUARY 15, 2011.