

FLORENCE FLEGENHEIMER ENDOWED MEMORIAL SCHOLARSHIP

&

ADRIENNE & CHARLES E. GRODBERG ENDOWED MEMORIAL SCHOLARSHIP

APPLICATION

These scholarships will be awarded to a deserving and qualified student(s) selected on the basis of academic achievement and/or financial need, with preference given to a student(s) who demonstrates dedicated commitment to strengthening Jewish life at Hofstra University.

Scholarships will be awarded by the office of Financial Aid upon the recommendation of the Hofstra Hillel Scholarship Committee.

For more information please contact Hofstra Hillel at 516.463.6923 or visit the office (213-A Mack Student Center).

Application Deadline: Wednesday, Febuary 2, 2011 by 12 noon

Hofstra Hillel deeply appreciates the generosity of Alfred and Sylvia Sirlin for creating the Florence Flegenheimer Endowed Memorial Scholarship.

Hofstra Hillel greatly appreciates Sandi and Bruce Kafenbaum along with their family and friends for establishing the Adrienne and Charles E. Grodberg Endowed Memorial Scholarship.

Personal Information Name Date of Birth Home Address (Street) City _____ State ____ Zip ____ Campus Address _____ Campus Phone _____ Home phone (____)_____ Cell phone (____)____ Academic Information Freshmen - please complete **E** through **I** First-year transfer students – please complete **E** through **K** All others – please complete A through IA. Class standing (year in school)______B. Cumulative GPA C. Major(s)______ **D**. Minor(s) E. Name of High School F. Address of High School_____ G. Class Rank in High School: : _____out of ____students.

If you have any questions about these scholarships or about filling out this form, please contact

H. GPA in High School:

Transfer students:

I. SAT Scores Verbal_____ Math____

Hofstra Hillel: The Center of Jewish Life on Campus Student Center 213-A • 516.463.6922 • hillel@hofstra.edu

J. Name of college prior to Hofstra ______ Cumulative GPA _____

PLEASE TYPE OR PRINT CLEARLY. ATTACH ADDITIONAL PAGES IF NECESSARY.

Date(s)	Name of youth group, camp, etc.	Position held (if applicable)
2. Please list, w	ith dates, any involvement in community service	programs, Jewish or otherwise.
Date(s)	Name of program	Position held (if applicable)
	ith dates, your extra-curricular activities and/or spyour high school/college career.	pecial honors or awards you have
Date(s)	Activities / Honors	Position held (if applicable)
4. Please list, w	ith dates, your work experience.	
Date(s)	Work experience	Position held (if applicable)
5. Please list an	y other scholarships or grants you earned and ind	icate the amount of award:
Date(s)	Name of Scholarship/Grant	Amount
	ts ONLY) Please list any extra-curricular activitiese.	

Essay Questions

(Please type and answer on a separate page)

Answer one of the following two questions:

1. What is one of your most memorable Jewish experiences? Why? (Up to 75 words)

or

2. What Jewish value and/or tradition is most meaningful to you? Why? (Up to 75 words)

Answer the following:

3. In what way(s) would you play a meaningful role in strengthening Jewish life at Hofstra University? (Up to 150 words)

Student's signature	Date
Parent's signature (If below the age of 18)	Date

Please return to:

Hillel Scholarship Committee c/o Rabbi Meir Mittelman 213-A Mack Student Center 200 Hofstra University Hempstead, NY 11549