

THE HEBREW UNIVERSITY OF JERUSALEM

Rothberg International School (RIS)

Scholarship Form for the _____ Academic Year

This scholarship application is to be typed or written legibly in block letters.

Last Name..... First Name

Social Security Number (If relevant).....

Student Number at RIS..... Division.....

(For Summer Course Applicants Only) List Courses (1).....

(2).....(3).....

Citizenship Date of Birth.....

Current Address.....

.....

Permanent Address.....

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Telephone E-mail.....

University Studies:

Degree: Subject University

.....Year Completed.....

Financial Information:

1. Have you applied for any scholarships, grants or loans from private organizations (fellowships travel grants, prizes, etc), or received a need- or merit-based scholarship from your home school that will be used toward your program of study at the Hebrew University?.....

	Institution Name/Fund	Expected Amount of Funding	
If yes, please list name	and amount
of funding:	
	
	

2. What other funds you intend to use to pay for the program

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3. Amount requested*.....

*As our funds are limited, we will do our best to enable the greatest number of qualified participants to attend the course. Therefore, we recommend that applicants submit a request for the lowest amount needed to enable their participation, as they will have higher chances to receive funds. Priority will be given to students who enroll in both summer session courses. We must stress that the funds for our need-based scholarships are quite limited and can only go towards helping participants pay part of their tuition fees.

Personal Statement

Please describe why the scholarship is needed

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I hereby certify that the information on this form is true and complete to the best of my knowledge. I agree to provide proof of the information that I have given on this application if asked by an authorized official of the Rothberg International School to do so. Should I fail to provide such proof when requested, I understand that my application for financial aid may be disqualified.

Signature of Applicant.....Date.....