

# Application

## Abraham Greenberg Memorial Scholarship for Jewish Dental Students

### Personal

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Education and Career Plans

Briefly state your career goal:

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**Please attach a resume that includes educational experience, employment, extra-curricular activities, organizational membership, awards, honors, skills and hobbies.**

### Jewish Affiliation

If you are a congregation member, please indicate:

Name of congregation: \_\_\_\_\_

Address: \_\_\_\_\_

Member since: \_\_\_\_\_

Briefly describe your Jewish background and education

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## Financial

If you are receiving financial assistance for your education from parents, guardians or a spouse/partner, please answer question 1-4 below. Otherwise, skip to question 5.

1. (circle one) Spouse/Partner      Father      Guardian  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employed by: \_\_\_\_\_

2. (circle one) Spouse/Partner      Mother      Guardian  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employed by: \_\_\_\_\_

3. What is the total gross income (both parents) for the family last calendar year?  
\$ \_\_\_\_\_

4. List the names, ages and relationships of all persons living on this income:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you applied for financial aid at the University of Minnesota?  
    \_\_\_ Yes      \_\_\_ No

6. If so, what aid have you applied for? (list)  
Grants: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Work/Study: \_\_\_\_\_  
BEOG: \_\_\_\_\_

7. What other scholarships or financial aid have you applied for? (list)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Budget

List your expenses and resources for the school year below:

### Resources

Family assistance \_\_\_\_\_

Savings \_\_\_\_\_

Summer &  
Part-time earnings \_\_\_\_\_

Grants or Scholarships (list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Loans (list below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work/Study \_\_\_\_\_

Other \_\_\_\_\_

Total Resources \_\_\_\_\_

### Expenses

Tuition & Fees \_\_\_\_\_

Books & supplies \_\_\_\_\_

Room & board \_\_\_\_\_

Transportation \_\_\_\_\_

Recreation \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Other \_\_\_\_\_

Total Expenses \_\_\_\_\_

Deficit \_\_\_\_\_

## **Narrative**

Describe any circumstances that will clarify your financial need. For example, unemployment in your family, serious illnesses, indebtedness, number of siblings in college, etc. should be mentioned.

**Please return your completed application along with your resume and one letter of recommendation from someone qualified to assess your academic merits by June 1 to:**

Sarah Routman  
Hillel: The Jewish Student Center  
1521 University Ave SE  
Minneapolis, MN 55414

612-379-4026  
sroutman@umn.edu  
ujews.com

Award money will be applied to the 2009-2010 school year.