

**FRIENDS OF REFUGEES OF EASTERN EUROPE***Serving America's Russian Immigrants Since 1969*

Felix Berkovich Memorial Scholarship Fund
Application 2025-26 School Year**SECTION I.**

Last Name: _____ First Name: _____ Hebrew Name _____

Birth Date: ___ / ___ / ___ Age: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Email: _____ Fax: (____) _____

Name of current school: _____ Grade: _____

Previous school(s)- if applicable: _____ Location: _____

_____**SECTION II.**Parents: Married Divorced Separated Widowed

Father's occupation: _____ Father's income: _____

Telephone: (____) _____ Cell: (____) _____ Email: _____

Mother's occupation: _____ Mother's income: _____

Telephone: (____) _____ Cell: (____) _____ Email: _____

Do you own a house? _____

How much is your monthly rent / mortgage? _____

List any additional income, specifying source(s) and amount(s): _____

List other dependents of parents, including ages: _____

List and explain any unusual expenses that your family may have: _____

Please attach all supportive evidence of your income, lease/mortgage, and any other applicable documents.

How much financial help are you requesting from the Scholarship Fund? _____

Parent /Guardian's Signature: _____ Date ___ / ___ / ___