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# FRIENDS OF REFUGEES OF EASTERN EUROPE

*Serving America's Russian Immigrants Since 1969*

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## *Felix Berkovich Memorial Scholarship Fund*

*Application 2017-18 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.

### Please check the appropriate box(es):

I'm applying for the scholarship for  Yeshivah  Summer Camp  Winter Camp  Shabbos Club

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

Parent /Guardian's Signature: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_