



Rothberg International School
בית הספר לתלמידים מחו"ל ע"ש רוטברג
THE HEBREW UNIVERSITY OF JERUSALEM
האוניברסיטה העברית בירושלים



LEGACY SCHOLARSHIP

For American Undergraduate students studying at RIS, for a semester or year, who are the child, grandchild, stepchild, step-grandchild, or sibling of a Hebrew University/RIS alum

*NATIV students are NOT eligible for the Legacy Scholarship

Application for Academic Year _____

I. DEMOGRAPHIC INFORMATION

Student Name: _____ SSN: _____
Last First

Student Permanent Mailing Address (Not school address):

Street Apt #

City State Zip Code Country

E-mail: _____ Telephone: _____

II. ALUM INFORMATION

Name of Parent or Grandparent who studied at the Hebrew University:

_____ Last (Maiden name) First

Name of Hebrew University Program/Degree completed by parent/grandparent:

Year(s) Parent/Grandparent studied at the Hebrew University: _____

Please review the items below and check all (if any) that apply.

III. REGIONAL

I am a legal resident of:

- The Northern California area
- The Southern California area
- The tri-state area (NY, NJ, CT)
- The city of Hartford, CT
- The Atlantic City or Southern NJ area
- The state of Ohio
- The state of Florida
- The state of Pennsylvania
- The Harrisburg, PA area
- The Chicago, IL metro area
- The state of Michigan
- The city of Detroit, MI

OTHER

- I attend a SUNY or CUNY school
- I attend the University of Michigan
- I am a graduate of Yeshiva University
- I attend the University of Hartford or a university in Hartford, CT
- I have demonstrated outstanding ability in the in areas of musical performance
- I am enrolled in a pre-medical course of study
- I am a graduate student from the Boston, MA area
- I am a graduate student from the Southern California area
- I attend a college/university in the Chicago, IL metro area

If you are currently enrolled at a University, please provide the following information:

Current University	Major	Cumulative GPA
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IV. ENROLLMENT INFORMATION

Please indicate the Rothberg International School program to which you are applying or to which you have already been accepted:

UNDERGRADUATE

1 st Year/Gap Program:	2 nd -4 th Year Students:	Special Programs:
<input type="checkbox"/> Full Year option	<input type="checkbox"/> Full Year option	<input type="checkbox"/> Arabic Immersion
<input type="checkbox"/> Fall semester option only	<input type="checkbox"/> Fall semester only option	<input type="checkbox"/> Art Jerusalem
<input type="checkbox"/> Spring semester option only	<input type="checkbox"/> Spring semester only option	<input type="checkbox"/> Dance Jerusalem
		<input type="checkbox"/> Jerusalem Sounds
		<input type="checkbox"/> Spring in Jerusalem Honors
		<input type="checkbox"/> Nachshon
		<input type="checkbox"/> Thrive

VI. CERTIFICATION

I, _____, hereby certify that the information on this form is true and complete to the best of my knowledge.
 Signature of Applicant: _____ Date: _____