

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.....

Telephone E-mail.....

University Studies:

<u>Degree</u>	<u>Subject</u>	<u>University</u>	<u>Year Completed</u>
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Requested amount (US\$):

Please note that the committee will take your request into consideration but has no obligation to award a scholarship in the amount requested.

Personal Statement:

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I certify that the information given here is accurate to the best of my knowledge.

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