Southern California Jewish Sports Hall of Fame SCHOLARSHIP APPLICATION

Applicant Information		
Name	DOB PHONE	
Address		
Email	Facebook	
Instagram	Snapchat	
Twitter Handle		
Gender Male Female	Other	Decline
Height Weight	_	
Description		
Occupation / Student	School	
Grade GPA		
Parent or Guardian (if applicant is a Minor))	
Name	Relationship to Appli	icant
Address		
Phone Email	l	

Recommended by Sponsor / Organization

Name	Organization
Director of Program	Address
Phone Number	_ Email
Sports Accomplishments:	
Sport / Athletics Participation for Grant	
Description of Achievements	
Why should you be considered for this	Grant?
	at you might feel is relevant to the award of the grant.

NEEDS			
Amount Requested:			
Purpose or Use of Funds:			
For Family of Applicant			
Gross Household Income			
Please indicate if you have applie	ed for a grant befor	re from any organization	
If so, when did you apply for a gra		the circumstances?	
Please supply SCJSHOF with 2 l manager or coach who you will b Signatures by both Applicant and	e playing for)	·	d NOT be from a
Applicant	Date	Guardian	Date
The above signatures certify that are accurate and truthful.		• • • •	nd parent / guardiar
The applicant certifies that he/she requested sport,		-	er of teams in the
Please complete and email to scj	shof@gmail.com.		