



Application For The Ruth Gollan Memorial Fund

Name: _____ Student ID # _____

Campus Phone # _____ Mail Box # _____ Email: _____

Home Address _____

Home Tel. # _____

Graduating Class (Please circle) '15 '16 '17

How many semesters have you studied at Brandeis? _____

Which Hebrew courses have you taken at Brandeis? _____

To which university in Israel are you applying? _____

Why should you be the recipient for this scholarship? (Please write at least one paragraph)

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