Hebrew and Arabic Languages Program
Brandeis University

Application For The Ruth Gollan Memorial Fund

Name: _____ **Student ID #**_____

Campus Phone # _____ **Mail Box #** _____ **Email:** _____

Home Address _____

Home Tel. # _____

Graduating Class (Please circle) '16 '17 '18

How many semesters have you studied at Brandeis? _____

Which Hebrew courses have you taken at Brandeis? _____

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To which university in Israel are you applying? _____

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

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