Confidential Recommendation Form \$10,000 Phil and Ruth Sokolof Honor Roll Merit Scholarship For the Pursuit of a Career in the Field of Health Care Academic Year 2023-2024

To the student:	I voluntarily waive access to this recommendation.	
Student's Name	(Print)	
Student's Signati	ıre	Date

To the person submitting the recommendation:

This student is applying to the *Phil and Ruth Sokolof Honor Roll Fund*, administered by the Jewish Federation of Omaha Foundation, for a **\$10,000 merit scholarship** for his/her pursuit of a degree in the health care field. These scholarships will be presented to each of two Jewish students from the Omaha metropolitan area attending college or university and are not based on financial need. Criteria are: overall good character, scholastic performance, personal achievement and community service. We appreciate your honesty; please inform us if you know of any reason why this student should not receive this merit scholarship. Your evaluation will be kept in confidence. Thank you for your time and effort on this student's behalf.

For the student to be considered for this scholarship, this form must be returned to the address below no later than March 30, 2023.

Please attach a signed sheet with the student's name and your name at the top telling us why you feel this student would be a deserving candidate for this Sokolof scholarship. Describe topics you are familiar with that will be helpful to the selection committee, such as academic performance, motivation, compassion and dependability.

How long have you known this student and in what context?

Please print your name _____

Signature _____ Date _____

Email _____ Phone number _____

You may call Diane Walker, Sokolof Scholarship Coordinator, at 402.334.6551 or email her at <u>dwalker@jewishomaha.org</u> with any questions.

Please return this form no later than March 30, 2023 to: Diane Walker, Sokolof Scholarship Coordinator Jewish Federation of Omaha Foundation 333 S. 132nd Street Omaha, NE 68154