KEYS JEWISH COMMUNITY CENTERP.O. Box 1332 * Tavernier, FL, 33070 * (305) 852 – 5235

SCHOLARSHIP APPLICATION

Name		
Address	City	State
Phone	e-mail	
ACTIVITIES: School (inc	cluding activity memberships and	l offices held)
COMMUNITY: Voluntee	r Activities and Community Servi	'ce
recommendation shoul	wo (non-family) references: at le d be from and educator/counse e project supervisor) and attach	lor or similar
Name	Phone	
Nama	Phone	

Briefly outline how and why this scholarship	will be of help to you:
Educational Intent : List Colleges applied to a notified you of acceptance:	nd check any which have
College	Accepted
Briefly outline your educational and caree sheet to this application)	er goals: (attach separate
Write a brief essay on factors that have contraducation. For example, who or what events I direction? Why is it important to you (attach application)?	nave influenced you in this
Contact David Gitin, Chairman, if you have qu	nestions: (305) 852 - 5235

COMPLETED APPLICATION DUE NO LATER THAN APRIL 1ST.

Scholarship recipients will be notified by May 15^{th} .