The Kobrin Family Scholarship

For graduates of Orange, Seminole and Osceola County Public Schools, Florida

APPLICANT'S BIOGRAPHICAL INFORMATION

Legal Name:						Sex: M	F
Legal Name:	Last	First	Middle	Jr. etc	;		
Name you ar	e called:						
Permanent h	ome addres	s:					
			Number ar	nd street			
City		S	tate			Zip	
Mailing addre	ess, if differe	nt:					
Telephone: (hone: (Birthdate:						
Social Securi	ty Number:						
Religious Affiliation:							
EDUCATION	<u>l</u>						
High School:				Expe	cted date of	graduation	:
GPA:	Weigh	ted	Unw	eighted			
SAT:	ACT	:					
Have you been accepted to UCF: Yes No							
UCF Student	ID #:						
Do you intend to be a full-time student? : Yes No							
Probable field of study:							
Probable car	eer plans: _						

FAMILY

Father's full nam	e:					
	f different from yours:					
Is he living?	s he living? Telephone:					
Mother's full nam	ne:					
Home address, i	f different from yours:					
Is she living?	Tele	phone:				
Brothers: #	Ages:	Sisters	: # Ag	jes:		
ACADEMIC HOI	NORS	r honors you ha	ave earned since	ninth grade.		
EXTRACURRIC	ULAR AND PERSON	IAL ACTIVITIE	<u>:S</u>			
List extracurricul	ar, community and pe	ersonal activities	s in the order of i	nterest.		
<u>Activity</u>	Indicat (Fr/Sopt		Hours/weekly	Position		
Choose one extr	acurricular activity an	d briefly explair	n its importance to	o you.		

WORK EXPERIENCE

List jobs (including summer employment) held during high school.

Employer	Nature of work	Dates employed	Hours/ weekly
			-

Letter of Recommendation from a School-Related Person

Applicant's Name:

Please describe the applicant with regard to scholastic standing, character, sportsmanship, and need for the scholarship. (Sportsmanship is defined as fairness, courteous relations and graceful acceptance of results).

Indicate your evaluation of this candidate. If additional space is needed, please attach.

	Good	Excellent	One of the very top students I have encountered
Scholastic standing: Character: Sportsmanship: Overall Recommendation			
Signature:			Date:

The application packet is due to Jewish Family Services by **April 30, 2019**. **Please return this form to the student prior to that date.**

Letter of Recommendation from a Non-School Related Person

Applicant's Name:

Please describe the applicant as you have known him/her with regard to character, sportsmanship and need for the scholarship. (Sportsmanship is defined as fairness, courteous relations and graceful acceptance of results). If additional space is needed, please attach.

Signature: _____ Relationship with Student: _____

The application packet is due to Jewish Family Services by **April 30, 2019 Please return this form to the student prior to that date.**

APPLICANT'S STATEMENT

Statement of your future goals and plans and why you feel you are a qualified applicant. Maximum 500 words.

Applicant's Signature: _____ Date: _____

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