

AARON AND RITA SLOM SCHOLARSHIP FUND FOR FREEDOM AND DIVERSITY  
APPLICATION FORM

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code Phone Number

If you are a scholarship winner, do you agree to be included in a Touro Synagogue Foundation press release announcing the scholarship results? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about the Sлом Scholarship program? Please check one: Teacher \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Advertisement \_\_\_\_\_ Touro Web Site \_\_\_\_\_ Other \_\_\_\_\_

**IMPORTANT REQUIRED INFORMATION: Please include the name of the guidance counselor, teacher or other school staff member, if any, who advised you with your entry and the school's address and phone number.**

School Currently Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code School Phone Number

Guidance Counselor's Name: \_\_\_\_\_  
(Or other school staff member providing assistance)

Is this a public, private or home school? \_\_\_\_\_ H.S. Graduation Date: \_\_\_\_\_

Name of college or university you plan on attending: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guidance Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date