

Confidential Recommendation Form
Karen Sokolof Javitch Merit Music Scholarship
Academic Year 2025-2026

To the student: I voluntarily waive access to this recommendation.

Student's Name (Print) _____

Student's Signature _____ Date _____

To the person submitting the recommendation:

This student is applying for a *Karen Sokolof Javitch Merit Music Scholarship*, administered by the Jewish Federation of Omaha Foundation, for the further pursuit of a degree in music performance, composition or music education. This scholarship will be presented to a Jewish student from the Omaha metropolitan area and is based on merit, not financial need. Criteria are: musical and personal achievement, overall good character, scholastic performance 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 April 1, 2025.**

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 the Karen Sokolof Javitch Merit Music Scholarship. Describe topics you are familiar with that will be helpful to the selection committee, such as musical talent or aptitude, academic and musical performance, motivation, creativity, 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 dwalker@jewishomaha.org with any questions.

Please return this form no later than April 1, 2025 to:

Diane Walker, Sokolof Scholarship Coordinator
Jewish Federation of Omaha Foundation
333 S. 132nd Street Omaha, NE 68154