

Confidential Recommendation Form
\$10,000 Phil and Ruth Sokolof Honor Roll Merit 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 **\$10,000 merit scholarship** for his/her college or university education from the *Phil and Ruth Sokolof Honor Roll Fund*, administered by the Jewish Federation of Omaha Foundation. These scholarships will be presented to each of two graduating Jewish high school students from the Omaha metropolitan area 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 disciplinary action taken against this student. 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 Sokolof scholarship. Describe topics you are familiar with that will be helpful to the selection committee, such as academic performance, motivation, leadership skills, talent or aptitude, 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