Confidential Recommendation Form \$10,000 Phil and Ruth Sokolof Honor Roll Merit Scholarship For the Pursuit of a Career in the Field of Health Care 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 to the <i>Phil and Ruth Sokolof Honor Roll Fund</i> , administered by the Jewish Federation of Omaha Foundation, for a \$10,000 merit scholarship for his/her pursuit of a degree in the health care field. These scholarships will be presented to each of two Jewish students from the Omaha metropolitan area attending college or university 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 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.	
	dered for this scholarship, this form must ress below no later than April 1, 2025.
this student would be a deserving candidate	's name and your name at the top telling us why you feel for this Sokolof scholarship. Describe topics you are tion committee, such as academic performance, motivation,
How long have you known this student and i	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