

Diane Walker, Sokolof Scholarship Coordinator  
Jewish Federation of Omaha Foundation  
333 South 132<sup>nd</sup> Street Omaha, Nebraska 68154  
402.334.6551 [dwalker@jewishomaha.org](mailto:dwalker@jewishomaha.org)

**Instructions to Jewish Students Applying for a  
\$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**

This application is for a **\$10,000 merit scholarship** for a Jewish student from the Omaha metropolitan area who is currently enrolled in or has been admitted to a course of study at the graduate school level leading to a career in the field of human health care. **This scholarship is not based on financial need, but is in recognition of overall good character, scholastic performance, personal achievements, and community service. This is not a need-based award, but it is the donor's intent that the funding be used for tuition.** An applicant (or his/her family if the student has been attending college outside Omaha) must have resided in the Omaha metropolitan area for at least the past two years.

**Your application form must be received by the Sokolof Scholarship Coordinator by April 1, 2025. You are responsible for seeing that all documentation and references are received by that date.**

1. You are only eligible to be awarded a Sokolof Merit Scholarship three times.
2. Complete the application form. Please print legibly in black ink in all areas that do not require typed responses. Attach additional sheets, **with your name at the top**, where necessary.
3. **Sign the application** (page 3) and submit it to the Sokolof Scholarship Coordinator at the address above prior to **April 1, 2025**.
4. Arrange for your college/university transcripts from all institutions since high school, as well as scores for any testing required for your health care career, to be sent to the Sokolof Scholarship Coordinator at the address above prior to **April 1, 2025**.
5. Give a recommendation form to each person you have selected. Remember to complete the top of the confidential form with your signature for your voluntary waiver to access the recommendation. If you are downloading your application form from the internet, you will need to print three recommendation forms.

Please give a recommendation form to three people (not family members). At least one recommendation must be from a faculty member at your college/university. Other recommendations may be from someone who can attest to your personal character and/or academic abilities, such as a health care professional, employer, or supervisor in a volunteer setting. These forms are confidential. Please sign the waiver on each form.

The people submitting recommendations must return their forms by **April 1, 2025** to Diane Walker, Sokolof Scholarship Coordinator, Jewish Federation of Omaha Foundation, 333 S. 132<sup>nd</sup> Street, Omaha, NE 68154. In order to facilitate the timely return of your recommendations, it is advisable to attach to each recommendation form a legal-size, stamped envelope, addressed to the Sokolof Scholarship Coordinator.

You may call Diane Walker at 402.334.6551 or email her at [dwalker@jewishomaha.org](mailto:dwalker@jewishomaha.org) with any questions.

**While the deadline is April 1, 2025, earlier submissions are encouraged.**  
The recipients of the Sokolof Scholarships will be notified by May 1, 2025.

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For the Pursuit of a Career in the Field of Health Care  
Academic Year 2025-2026**

This application is for a **\$10,000 merit scholarship** for a Jewish student from the Omaha metropolitan area who is currently enrolled in or has been admitted to a course of study at the graduate school level leading to a career in the field of health care. **This scholarship is not based on financial need, but is in recognition of overall good character, scholastic performance, personal achievements, and community service. This is not a need-based award, but it is the donor's intent that the funding be used for tuition.** An applicant (or his/her family if the student has been attending college outside Omaha) must have resided in the Omaha metropolitan area for at least the past two years.

**This application is due by April 1, 2025 to the above address.  
Late application or application with late supporting  
documentation will not be accepted.**  
Scholarships will be awarded by the Sokolof Scholarship Committee of  
the Jewish Federation of Omaha Foundation.

**General Information**

How long have you lived in the Omaha Metropolitan Area? \_\_\_\_\_

Date of application \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

Phone number \_\_\_\_\_ Cell \_\_\_\_\_

Mother's name \_\_\_\_\_

Address \_\_\_\_\_  
If different from student

Father's name \_\_\_\_\_

Address \_\_\_\_\_  
If different from student

## Transcripts and Test Scores

You must request that an official copy of your college/university transcript be sent to the Sokolof Scholarship Coordinator, Jewish Federation of Omaha Foundation, 333 S. 132<sup>nd</sup> Street, Omaha, NE 68154 by **April 1, 2025**. The transcript must reflect your cumulative GPA from your freshman year through your most recently-completed semester. If you have attended more than one institution since high school, request a transcript from each college or university. Your official score on any test required for entrance into your chosen health care field must also be sent to the Sokolof Scholarship Coordinator by **April 1, 2025**.

School currently attending \_\_\_\_\_

Transcript requested from \_\_\_\_\_

Other schools attended including high school \_\_\_\_\_

\_\_\_\_\_

Test taken for entrance to professional school:

Name of test \_\_\_\_\_

Date \_\_\_\_\_ Score \_\_\_\_\_

Have you ever been expelled, suspended, dismissed or had any disciplinary action taken against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Have you ever been convicted of a misdemeanor, felony or other crime?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

## Health Care Field

In what field of health care are you seeking a degree? \_\_\_\_\_

\_\_\_\_\_

What professional school do you attend now or to what professional school(s) have you been accepted?  
(If you will begin your first year in 2025, please include a copy of your acceptance letter.)

\_\_\_\_\_

## Activities since High School

On an attached sheet, **with your name at the top**, please type your responses to the following:

1. Describe your academic and school-related activities, including years of involvement.
2. Describe your other activities and community service, including volunteer experiences, and your years of involvement. For volunteer experiences, please include number of hours spent on each.
3. List prizes, honors, awards and/or scholarships received.
4. List employment since high school, including type of work and length of employment.

## Essays

On an attached sheet, **with your name at the top**, please type your answers to the following questions using no more than 200 words for each answer.

1. Why did you choose your particular area of health care?
2. What qualities do you think someone in the health care field you are entering needs to possess? How do you demonstrate these qualities?
3. Why do you feel you should be considered for this Sokolof scholarship?

To the best of my knowledge, all information on this application is accurate and truthful.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 *Phil and Ruth Sokolof Honor Roll Fund*, 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.

**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 this Sokolof scholarship. Describe topics you are familiar with that will be helpful to the selection committee, such as academic performance, motivation, compassion 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](mailto:dwalker@jewishomaha.org) with any questions.

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

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