

390 Aaron Court Kingston, New York 12401 845-338-8131

www.ucjf.org; info@ucjf.org

APPLICATION for the Dr. Cy Gruberg Scholarship (Please print)

HIGH	I SCHOOL NAME	DATE:					
Guid	ance Counselor:	-					
STU	DENT'S NAME:	PHONE:					
Pare	nt/Guardian Name(s)	· · · · · · · · · · · · · · · · · · ·					
ADD	RESS:						
EMA	IL:						
AWA	RDED BY: The Jewish Federation of	Ulster County in memory of Dr. Cy Gruberg					
		nd JEWISH High School senior, whose acts ntribution to their school and our community.					
AMC	OUNT OF AWARD: \$500.00	DEADLINE: April 2, 2024					
	se answer each question as briefly as eded.	to <u>info@ucjf.org</u> s possible. Use other side if more space					
` ') What extracurricular school activities have you participated in? Please indicate how long you have been involved with these activities.						
` '	What community services have you pplease indicate the amount of time sp	•					
