

Dr. Cy Gruberg Scholarship Application

HIGH SCHOOL NAME: _____ **Date:** _____

Guidance Counselor: _____

STUDENT'S NAME: _____ **Phone #:** _____

Parent/ Guardian Name (s): _____

Home Address: _____

Email Address: _____

AWARDED BY: The Jewish Federation of Ulster County in memory of Dr. Cy Gruberg.

AWARDED TO: A graduating college-bound Jewish High School senior, whose acts or deeds have made a most significant contribution to their school and our community.

AMOUNT OF AWARD: \$500

DEADLINE: April 2nd, 2025

Email application to: info@ucjf.org

Please answer each question as briefly as possible. Use other side if more space is needed.

1) What extracurricular school activities have you participated in?
Please indicate how long you've been involved with these activities.

1) What community services have you participated in?
For each of these, please indicate the amount of time spent in the service activity
