

*Personal Information*

Legal Name

Mr./Mrs./Ms. Last \_\_\_\_\_ Middle \_\_\_\_\_ First \_\_\_\_\_

If any other name is used professionally, please specify \_\_\_\_\_

Date of Birth (Year/Month/Day) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Full Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

*Have you applied to the Foundation before: Yes / No | If Yes, please specify the following:*

Month \_\_\_\_\_ Year \_\_\_\_\_ Reason \_\_\_\_\_

How did you learn about the M.T. Abraham Foundation?

*Educational Experience*

Name of Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Period of Study | From \_\_\_\_\_ To \_\_\_\_\_

Degrees \_\_\_\_\_ Diplomas \_\_\_\_\_

*Please indicate whether you are affiliated with an institution*

Name of Institution \_\_\_\_\_ Department \_\_\_\_\_

Your Title \_\_\_\_\_ Full Address \_\_\_\_\_

*Professional Experience*

List any pending applications for grants or scholarships. Kindly specify to whom, on what date, the status of your application and action taken if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Project Description*

Please describe comprehensively your field of research:

\_\_\_\_\_  
\_\_\_\_\_

*Please explain your choice to contact the M.T. Abraham Foundation rather than another institute:*

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*Please read carefully, sign one copy of the Scholarship Application Form A and send it together with the relevant documentation that might support your request*

Name \_\_\_\_\_ Position \_\_\_\_\_

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

*Administrator's signature—by signing, the administrator is approving the requested item(s) as appropriate.*

Date received \_\_\_\_\_ Date voted on \_\_\_\_\_ Approved/Denied (circle)

Reason \_\_\_\_\_

*The M.T. Abraham Foundation Grant Request Guidelines*

The Foundation's mission is to enhance and support students' academic experience in the Arts and Judaic Studies:

- 1) Priority is given to grant requests that benefit the most students and that fulfill all the requirements.
- 2) Grant requests are limited to 2,500 Euros per grant.
- 3) An administrator must approve Grant requests before submitting to the Board of Directors; his/her approval indicates that the request fits in with current curriculum guidelines and the M.T. Abraham Foundation mission.
- 4) Applications are due by June 15th
- 5) Applicants should inform the Grant Manager by e-mail that their grant has been submitted. E-mail should be sent to: [schol@mtabraham.org](mailto:schol@mtabraham.org)
- 6) Applicants will be notified of approval/denial within two weeks of member voting.
- 7) The M.T. Abraham Foundation reserves the right to approve or deny all or a portion of the request. The requestor may resubmit at a later date. The foundation may conditionally approve a request with the stipulation that certain questions are answered prior to final approval.
- 8) Grant request monies need to be spent within the current school year and be in order by date per the M.T. Abraham Foundation's bookkeeper.

*Requirements*

- The grant proposal is complete and signed by an administrator.
- The Grant Manager has been contacted.
- Other possible sources of funding were first considered.
- Lowest costs were researched, with documentation attached.
- Clear benefit to students or community expressed.