

**YESHIVA UNIVERSITY SCHOLARSHIP PROGRAM FOR GRANDCHILDREN  
OF LONG TERM MEMBERS OF THE FACULTY AND STAFF**

**APPLICATION**

**A. Information concerning current or past staff member:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Division, Department or School \_\_\_\_\_

Position Held \_\_\_\_\_ Title \_\_\_\_\_ Date of Hire \_\_\_\_\_

Currently employed at YU  Yes  No      Date of: Termination  Resignation  Retirement  \_\_\_\_\_

**B. Information concerning student applicant:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Division of University where student expects to register \_\_\_\_\_

Fall 20\_\_\_\_ No. of Credits \_\_\_\_\_       Spring 20\_\_\_\_ No. of Credits \_\_\_\_\_

*This award is limited to full-time students (12 credits or more per semester)*

**C. Certification of Relationship and Financial Capacity:**

I, the parent of \_\_\_\_\_ the Grandparent Scholarship applicant, who is my legal and financial dependent, attest to the following: the current or past staff member referred to in Section A above is the grandparent of the applicant and that the tuition charge I am obligated to pay for my child's tuition at one of the University undergraduate schools or the affiliated Yeshiva University High School for the academic year 20\_\_ to 20\_\_ is beyond our financial capacity. We are unable, without financial hardship, to remit the balance due to the University after all scholarships from all sources have been credited to our account. We, therefore, request a grant from the scholarship program for grandchildren of long term members of the faculty and staff. We agree upon request to document our need for scholarship assistance, as a condition of receiving the award.

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

**D. Acceptance by Student:**

If granted, I understand that to retain the special scholarship, I will have to comply with all the terms of this special scholarship award, including, but no limited to, meeting the financial need criteria and maintaining satisfactory academic standing in all the programs in which I enroll.

\_\_\_\_\_  
Student Signature

**E. Verification by Human Resources Department:**

Payroll records verify that the staff member is/was employed as a member of the Faculty or Administration on a continuous full-time basis for at least 25 years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date