



Skirball Department of Hebrew & Judaic Studies

UNDERGRADUATE INNOVATION SCHOLARSHIP APPLICATION

Name: _____

N Number: _____

Address: _____

Phone: _____

E-mail: _____

1. Overall GPA: _____ Hebrew and Judaic Studies GPA: _____
 - a. Number of credits completed (not including present term): _____
 - b. Major / Minor credits completed: _____
2. Expected Date of Graduation: _____
3. Attach a copy of your unofficial NYU transcript and official transcripts from previous colleges attended.
4. Name of Recommender: _____
Relationship: _____
 - a. Your recommender should be an academic or professional reference. Letters may be submitted to Hebrew and Judaic Studies, Attn: [Doug Voight](#), 53 Washington Square South, Room 102, New York, 10012. The recommendation should be in a sealed envelope, signed along the seal by the recommender. It will be your responsibility to ensure that the recommendation is submitted on time. If not received on time, we may not be able to consider your application.
5. Please attach a Statement of Purpose detailing your interest in this course of study, as well as any additional information you feel is relevant. Statements of Purpose should be no longer than 2 pages.

Please submit completed applications to:

Doug Voight, Department Administrator
53 Washington Square South, Room 102
New York, NY 10012

Applications (without letters of recommendation) should be submitted via email in PDF form to gsas.hebrewjudaic@nyu.edu, with INNOVATION SCHOLARSHIP APPLICATION, LAST NAME, in the subject line.