



Leonard L. Loeb Society of Jewish Scholars
Application Form

Last Name: _____ First Name: _____ Hebrew Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

E-mail Address: _____

School:

School Presently Attending: _____

Address: _____ City: _____ GPA: _____ Graduation Year: _____

Extra Curricular Activities: _____

Past Awards: _____

Family:

Father's Name: _____ Mother's Name: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

Synagogue Membership: _____

Organizational Affiliation: _____

Youth Groups and/or Summer Camps: _____

References: (eg. Rabbi, teacher, youth director, etc.)

Name: _____ Association with the Participant: _____

Phone Number: _____

Name: _____ Association with the Participant: _____

Phone Number: _____

Please return all applications to:

Torah Learning Center of Northbrook * 2095 Landwehr Rd., Suite 101 * Northbrook IL, 60062
Att: Loeb Scholars

You will be contacted via phone if you have been selected for an interview