



# THE ARTHUR AND ROCHELLE BELFER CONFERENCE SCHOLARSHIP APPLICATION

Please print or type

Please mail this application, along with a letter of recommendation from your supervisor, to Peter J. Fredlake, Director, National Outreach for Teacher Initiatives, 100 Raoul Wallenberg Place, SW, Washington, DC 20024-2126.

Applications must be postmarked no later than June 5, 2009.

All applications become the property of the Museum.

Name LAST FIRST MIDDLE INITIAL

Mailing address

CITY/TOWN STATE ZIP CODE

Home telephone Cell phone

E-mail

Name of school STREET

School address

CITY/TOWN STATE ZIP CODE

School telephone School e-mail

Number of years you have been employed as a teacher \_\_\_\_\_

Number of years you have taught about the Holocaust \_\_\_\_\_

Please list the names of Holocaust-related courses/workshops you have taken:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please attach an essay of 500 words or less detailing the concrete ways in which your participation in the Belfer Conference will have an impact in your school community. Be sure to consider your school's population and address any specific challenges or opportunities it presents.

### Agreement

I understand that if I am granted a Belfer Conference Scholarship, I agree to spend the money for travel and expenses related to the conference. I will attend all sessions of the Arthur and Rochelle Belfer Conference for Teachers, June 28–30, 2009. I understand that the award is not transferable. I also understand that my name and school affiliation may be publicly announced by the Museum and that information as well as my photograph may be used in Museum publications, on the Museum's Web site, and in Museum video materials.

Name \_\_\_\_\_

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

### The following section is to be completed by the school principal or district representative

Name \_\_\_\_\_

Title \_\_\_\_\_

School/District name \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

### Please provide the following information about the applicant's school

Percentage of students who qualify for the Federal Free and Reduced Lunch Program \_\_\_\_\_

Percentage of students who participate in Federal Title I programs \_\_\_\_\_

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