



THE ARTHUR AND ROCHELLE BELFER NATIONAL CONFERENCE FOR EDUCATORS

SCHOLARSHIP APPLICATION

Please print or type

Please mail this application, along with a letter of recommendation from your supervisor, to Christina E. Chavarría, Program Coordinator, National Outreach for Teacher Initiatives, 100 Raoul Wallenberg Place, SW, Washington, DC 20024-2126.

Applications must be postmarked no later than June 22, 2012.

All applications become the property of the Museum. Scholarship applications are reviewed and rewarded on a first-come, first-served, rolling basis. Be advised that scholarships may no longer be available by the postmark deadline. Scholarship recipients must attend the Belfer session that is pertinent to their content area: Social Studies or English Language Arts.

Scholarships are for first-time attendees. Past attendees may attend the conference but are not eligible to receive scholarships.

Name *Last* *First* *Middle initial*

Mailing address *Street*

City/Town *State* *Zip code*

Home telephone *Cell*

Personal e-mail

Name of school

School address *Street*

City/Town *State* *Zip code*

School telephone *Work 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. 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. I agree to provide not more than three reports to the program coordinator as requested.

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 _____