



**THE MIRIAM AND ABE BRENNER HOLOCAUST EDUCATION SCHOLARSHIP FUND
OF THE
GREENSBORO JEWISH FEDERATION**

Policies, Procedures and Application

The purpose of this Scholarship Fund is to enable North Carolina students and teachers to attend programs that foster greater understanding of Jewish issues, particularly the Holocaust, by providing scholarships for educational programs.

Criteria for Applicants:

1. Preference will be given to non-Jewish applicants
2. Teachers, Juniors and Seniors in undergraduate and graduate students are encouraged to apply
3. Applicants or their immediate family must be residents of North Carolina. Preference will be given to residents of Guilford and Forsyth Counties
4. Applicants should be prepared to demonstrate a need for financial assistance with expenses of the program, as well as show an active interest and participation in social justice issues
5. Serious, academically mature students who are majoring in education, history, international studies or a like field, will be given priority.

Expectations of Recipients

1. The recipient will keep a journal of their experiences while on the program
2. Recipients of the fund may be asked to meet with members of the Brenner family before or after the experience
3. Recipients must sign a release form and complete the application
4. Upon completion of the program, the recipient shall:
 - a. Write a publicly published article (i.e. university newspaper, church bulletin or local newspaper) to also be submitted for possible publication in the *Shalom Greensboro Magazine*.
 - b. Give a public presentation upon returning (to the Greensboro Jewish community, classes at the university, etc.).

Applications can be submitted to Taylor Lively,
Greensboro Jewish Federation Outreach & Engagement Manager, at tlively@shalomgreensboro.org.

NOTE: All information will be kept confidential.
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Date: _____

NAME OF APPLICANT _____
(First) (Middle) (Last)

Date of Birth _____ Email Address: _____

HOME ADDRESS (street, city, zip) _____

Home Phone No.: _____ Cell Phone No.: _____

UNIVERSITY ATTENDING _____

SCHOOL ADDRESS _____

Year in school _____ Major: _____ GPA: _____

How long have you lived in North Carolina? _____ Which County? _____

Religious affiliation, if any? _____

PARENT'S NAME _____ PARENT'S NAME _____

Address: _____ Address: _____

County: _____ County: _____

Home Phone No.: _____ Home Phone No.: _____

Work Phone No.: _____ Work Phone No.: _____

Cell Phone No.: _____ Cell Phone No.: _____

Email: _____ Email: _____

RECIPIENTS GRANTED FUNDS UNDER THIS PROGRAM UNDERSTAND THAT BY SIGNING THIS DOCUMENT, THIS WILL RELEASE THE GREENSBORO JEWISH FEDERATION FROM ANY LIABILITY UNDER ANY CIRCUMSTANCES FOR PROBLEMS AND/OR INJURIES, ETC. RESULTING FROM PARTICIPATION IN THE PROGRAM.

I ALSO UNDERSTAND THAT I WILL PERSONALLY BE RESPONSIBLE FOR PAYING ANY CANCELLATION FEES INCURRED BY THE GREENSBORO JEWISH FEDERATION.

ALL OF THE INFORMATION ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature

Date