

**The Mark W. Lancberg
Holocaust Education Scholarship Fund for North Carolina Educators**

Grant Funding Objectives: The purpose of this Scholarship Fund is to provide opportunities for College, High School and Middle School educators based in North Carolina to increase their understanding of the Holocaust and provide them with the skills, knowledge and confidence necessary to teach the subject and its lessons effectively.

Funding Qualification Checklist: The following criteria for scholarship, in order of importance, will be considered along with other factors.

- Applicant must be employed as an educator by a public or private college, high school or middle school located in North Carolina.
- Preference will be given to applicants who have financial need and are from rural counties.
- Applicant must have at least 5 years of teaching experience and be at least 5 years from retirement.
- Applicant must attend a Holocaust program designed for educators.
- To enhance the impact of the Holocaust program, each scholarship recipient is required to report to the scholarship committee and conduct a presentation/seminar to other educators about the Holocaust program as well as committing to teaching the subject and its lessons to students.

Grant Guideline Recommendations: The amount distributed during a year may be distributed to the recipients in any proportion which the Selection Committee deems advisable, consistent with the aforementioned goals. All of the amount distributed during a year may be distributed to one individual or may be distributed in either equal or unequal amounts to more than one individual. It is the intent of the fund that at least one scholarship be given annually.

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How To Apply:

- Completed and signed Scholarship application
- Proof of employment as an educator at a middle school, high school or college in North Carolina
- Acceptance letter from the Holocaust education program you will be attending
- Essays
- List of References
- Signed Release from Liability
- Please mail the required documents and essays to:
Greensboro Jewish Federation
5509-C West Friendly Avenue Greensboro, NC 27410
Attention: Outreach and Engagement Manager

Or email to nwalters@shalomgreensboro.org

Stipulations:

- The completed application is due by **October 1**.
- Final Selection will include phone or in-person interview.

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Application:

Name of Applicant: _____

Date of Birth: _____ Email Address: _____

Mailing Address: _____

Cell Phone Number: _____

Length of residence of Applicant in North Carolina: _____

Employer: _____ Title/Occupation: _____

Work Address: _____

Work Phone: () _____

College/University with degree(s) and dates attended:

List teaching experience with schools/colleges and dates:

What are your educational/vocational goals?

List your volunteer activities in the community and any positions of leadership you have held: _____

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Please Complete The Following Questions On A Separate Typed Sheet:

1. Briefly describe one achievement or accomplishment.
2. Briefly describe the environment in which you were raised: your family, home, neighborhood or community, and how it influenced the person you are today.
3. Briefly describe why you would like to receive this scholarship.
4. Please provide the names, addresses, telephone numbers, and e-mail addresses for two (2) people who can serve as references. Please notify them that they may be contacted by the scholarship committee. One should be employment related; a second can be either an academic or a personal reference, e.g., coach, employer, clergy, volunteer supervisor.

Program Information:

Organization: _____

Name of Program: _____

Address & Phone #: _____

Dates: From _____ to _____

Program Website: _____

Cost: (include cost charged by program provider): \$_____

All of the information on this form is true and complete to the best of my knowledge.

Applicant's Signature

Date

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Release from Liability:

The Greensboro Jewish Federation has made available to the applicant a cash fund for use during the year it is given to help defray the cost of attending an approved, recognized program for Holocaust Education for Teachers. By accepting such a grant, the undersigned applicant, for themselves, their respective heirs, personal representatives, successors and assigns, acknowledge and agree that the Greensboro Jewish Federation, its agents and employees, shall not be liable for any loss, injury and damage to the person or property of them that may occur in connection with, or arising out of, the program, and further agree not to assert any claim of any nature against the Greensboro Jewish Federation or its agents and employees arising there from.

Applicant's Signature

Date

Please Note:

- The difference in cost between the program chosen and the grant award from the Federation will be the responsibility of the individual requesting the fund. If the applicant is unable to attend the program and is entitled to a refund, the refund shall first apply to repay the Federation to the amount funded.
- Greensboro Jewish Federation funds will be distributed directly to the organization sponsoring the program.

Applicant's Signature

Date

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