

Please note: Adobe Acrobat Reader is required to complete this fill-in form. Only **TYPED** applications will be accepted. Google Chrome or Safari are recommended to download the application form. Type into the form, print it out for your records and save as a PDF with the naming convention: "your last name_CrosbyScholarship".

Crosby Scholarship in Holocaust Studies Application Form

The Crosby Scholarship is available to students majoring in Jewish Studies with financial need. Preference is given to students who are a descendent of a victim of the Holocaust. A completed application and a copy of the student's unofficial transcripts must be submitted by email to jewishstudies@fau.edu by February 1st each year.

Name: _____ **Z number:** _____
First Last

Home Address: _____
Street

City State Zip

Phone: _____ **E-Mail:** _____

Major: _____ **GPA:** _____ **Expected Graduation Date:** _____

Are you a descendant of a victim of the Holocaust? Yes No

If yes, please provide brief details on your relationship to the victim of the Holocaust

Statement of Financial Need *(please list other scholarships, grants, tuition waivers, etc.):*

Provide a short essay on your career goals and future aspirations (3000 character maximum):

I authorize the release of this application and any relevant supporting information to persons involved in the selection process. I understand that if awarded the scholarship I am required to write a thank you letter to the donor Harvey Crosby.

Applicant's Digital Signature _____ **Date** _____