

**Please note:** Adobe Acrobat Reader is required to complete this fill-in form. Only **TYPED** applications will be accepted. Internet Explorer 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 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 [ljohnson@fau.edu](mailto:ljohnson@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** \_\_\_\_\_