



FLORIDA ATLANTIC UNIVERSITY

Arthur and Emalie Gutterman
Center for Holocaust and
Human Rights Education
Dorothy F. Schmidt
College of Arts and Letters

**Scholarship Application for
Certificate in Holocaust Studies**
**Partial scholarships are available to
current educators.**

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

School Email: _____

Alternate Email (required): _____

Position: _____

Subjects Taught: _____

School District: _____

School Name: _____

Principal's Name: _____

Does your school offer the Holocaust Elective? ☐ YES ☐ NO

Do you teach the Holocaust Elective? ☐ YES ☐ NO

Have you taught the Holocaust? ☐ YES ☐ NO

If yes, please specify: _____

Is the Holocaust taught as part of another class/subject/discipline? ☐ YES ☐ NO

If yes, please specify: _____

Please specify the course you wish to enroll in: _____

Course Name: _____ Course Number: _____

Semester: ☐ FALL ☐ SPRING ☐ YEAR

Application Attachments:

Email this form and attachments to: Linda Medvin at lmedvin@fau.edu

For more information go to <https://www.fau.edu/artsandletters/history/certificate/>

Statement of Intent: In at least 500 words, please outline how you intend to apply the knowledge and resources acquired through completion of the Certificate in Holocaust Studies.

Requirement: Applicant's administrator must provide a recommendation.

Applicant Signature : _____

Administrator Signature : _____