



# El Paso Holocaust Museum

## Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Home address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This scholarship is only available for students from El Paso and surrounding areas. Please check which area is your legal residence:

west Texas  southern New Mexico  northern Chihuahua

### Educational Experience

*(please list most recent first)*

School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  If no, please provide year in school: \_\_\_\_\_

Major area of study: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

Major area of study: \_\_\_\_\_

Other: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

## References

Please provide the name of one academic reference. A letter of recommendation should be sent directly to Jamie Flores at El Paso Holocaust Museum.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Please provide the name of one personal/professional reference. A letter of recommendation should be sent directly to Jamie Flores at El Paso Holocaust Museum.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

## Background

Please list your past/present experience and service involvement as it relates to confronting hatred and promoting and respecting human dignity. Or, in what ways do you hope to become more involved in these areas in the future? (maximum of 1000 characters)

EPHM has a mission of teaching the history of the Holocaust in order to combat prejudice and intolerance. Please describe how you seek to personify this focus through your own leadership. (maximum of 1000 characters)

## Checklist

- \_\_\_ completed application
- \_\_\_ most recent transcript sent to: EPHM
- \_\_\_ two letters of recommendation sent to: EPHM

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a scholarship, I understand that false or misleading information in my application may result in loss of the award and/or my responsibility to pay back the funds.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_