



THE MUSEUM OF TOLERANCE

JEWISH STUDENT LEADERSHIP FOR A DIVERSE WORLD

FELLOWSHIP APPLICATION

ELIGIBLE APPLICANTS ARE current High School Juniors who will be Seniors registered in a LA High school in Sept. 2009. **Deadline: April 6, 2009.**

Personal Information

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address #1: \_\_\_\_\_  
Email Address #2: \_\_\_\_\_  
Guardian/Parent's Name: \_\_\_\_\_  
Guardian/Parent's Tel. #: \_\_\_\_\_

School Information

High School: \_\_\_\_\_  
School Telephone #: \_\_\_\_\_  
Advisor/Guidance Counselor/Teacher: \_\_\_\_\_

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Please answer the following questions on a separate sheet of paper:

1. How did you hear about this fellowship? (25 words max)
2. What prior experience do you have interacting with people of diverse cultures or backgrounds? Do you have any previous training in anti-bias education, human rights or inter-cultural relations? (150 words max)
3. What is most appealing to you about this program? Why are you interested in participating in this fellowship? (200 Words max)
4. Why do you think outreach to non-Jewish communities, and coalition-building with Latino communities in particular, is important for American and World Jewry? (150 words max)
5. What would you like to be doing in 10-15 years from now? How will this program help you achieve your goals? (150 words max)
6. Name three characteristics you look for in a leader and explain why. (50 words max)
7. ADDITIONAL INFORMATION (optional): Feel free to provide any additional information that helps explain why you are a good candidate for this fellowship. (150 words maximum)

**REFERENCES**

Please provide two letters of reference (one school based and one personal reference). Who will be providing your reference letters?

Reference #1

Name: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Please send all application materials to Mark Katrikh at:

[mkatrikh@museumoftolerance.com](mailto:mkatrikh@museumoftolerance.com)

Signed forms can be faxed to him at: (310) 772-7626



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**APPLICANT'S ASSURANCE STATEMENT**

I understand that if I am selected to attend the Jewish Student Leadership Program, I am making a serious commitment of time and energy to the program and all related activities (telephone, fax, e-mail, web site, evaluations and surveys), for a period of one year. I have **read the program overview** and **reviewed the course dates** and can assure that:

- I will attend all workshops and take part in all learning activities through active class participation
- I will develop a project that will promote inter-cultural outreach between Jewish and Latino communities and will further the learning from the workshops and coursework.
- I will maintain continued communication with the Museum of Tolerance staff and other participants throughout the course of this Fellowship.

Based on the class calendar, do you foresee any schedule conflicts at this time?

Yes                      NO

If yes, please explain:.....

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Signature

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Date



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## **SCHOOL ENDORSEMENT**

Every participant is required to submit an endorsement from the appropriate authority.

Applicant \_\_\_\_\_ has applied to participate in the Jewish Student Leadership program. Before the application can be accepted, your endorsement for this individual and your commitment to support the goal of the program are essential.

### **STATEMENT OF ENDORSEMENT:**

In endorsing this applicant to attend the Jewish Student Leadership program, I believe he/she has the necessary leadership potential, emotional maturity, and intellectual capacity to participate fully and successfully. I acknowledge the commitment and pledge full support for his/her participation in the program, including authorizing release time to attend the workshops and reasonable support for follow up activities.

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**Department Head or Other Appropriate Designee**

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**Title**

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**Date**