

**HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM  
APPLICATION  
SUMMER 2012 PROGRAM**

*(Please clearly print, type or word-process your responses on this application form.)*

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

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

1. How long have you been teaching? \_\_\_\_\_

2. Please list your college degrees (lowest to highest):

<u>Degree College/University</u>	<u>Date Earned</u>
_____	_____
_____	_____
_____	_____

3. Name and Address of Current School:

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Current Teaching Assignment(s) & Grade Level: \_\_\_\_\_

5. Have you taught the Holocaust before? (Check one) YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is **yes**, please describe:

(a) When? \_\_\_\_\_

(b) How many class hours? \_\_\_\_\_

(c) What were the curricular issues, if any? \_\_\_\_\_

\_\_\_\_\_

6. Describe the community in which you teach (socio-economic, ethnic, size): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please give us, either below or on a separate sheet, a brief narrative biography, stressing the reasons why you want to participate in this program:

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8. What are the most significant books and movies from which you have formed your own personal view of the Holocaust? Explain their importance to you:

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9. What kind of group travel have you done? \_\_\_\_\_

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10. Union and/or human rights and/or Holocaust organization affiliation:

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11. List three individuals who have knowledge of your Holocaust teaching and who can attest to your teaching abilities and commitment. They will be contacted. Are any of these three alumni of this seminar? If so, who?

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12. If you have a recent resume or *Curriculum Vita*, please include a copy with this application.

13. What steps will you take to convey the knowledge learned on the study tour to your students and colleagues? (Please be as thorough as possible in your reply.)

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14. ***This is a very strenuous and stressful program.*** Please list any physical or emotional problems for which you have been, or are currently being treated. Upon acceptance to the program you will be required to send a statement, completed by your physician, attesting to your ability to participate in this physically and emotionally strenuous seminar.

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If you need additional space for any of the above questions, please feel free to use another sheet, indicating the appropriate question number.

**All those accepted for this Seminar are expected to participate in the entire program.**

**Participants who do not adhere to the staff's instructions and/or who willfully disregard the safety of the group can expect to be told to leave the program.**

I, the undersigned, have completely supplied the information requested in this application.

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

Please send your completed form to:

Holocaust & Jewish Resistance Teachers Program  
c/o The American Gathering  
122 W. 30th St., Suite 205  
New York, NY 10001

**Deadline for application submission: Friday, March 23, 2012.**