

# HOLOCAUST AND JEWISH RESISTANCE TEACHERS PROGRAM

## Program Application — Summer 2015



Please complete this form **on a computer using Adobe Acrobat Reader**. Acrobat Reader can be downloaded at <http://get.adobe.com/reader/>. Please save this completed form as a PDF and email it to [elaine@americangathering.org](mailto:elaine@americangathering.org). Only electronically transmitted applications will be accepted. **Deadline for application submission: Friday, March 20, 2015.** Since you will not be able to sign this form, you must also complete the Signature Validation Form. If you have any questions, please phone Elaine at 215-694-4353 or email her at her email address above

Applicant's Name \_\_\_\_\_

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

Home City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

2. How much longer do you intend to teach? \_\_\_\_\_

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

Degree & Major	College/University	Date Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Your Current School:

School's Name \_\_\_\_\_

School's Address \_\_\_\_\_

School's City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School's Phone \_\_\_\_\_

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School Administrator's Name \_\_\_\_\_

School Administrator's Phone # \_\_\_\_\_

5. Current Teaching Assignment(s) & Grade Levels \_\_\_\_\_

6. Have you taught the Holocaust before?  Yes  No

If your answer is yes, please describe

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

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

c) What, if any, issues did you have teaching this topic? \_\_\_\_\_

*Please note that the text boxes below will **scroll up & down** to accommodate your answers.*

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

8. State the reasons you want to participate in this program, specifically stressing how you believe this program will affect your teaching?

9. List three to five of the most significant books **and** three to five of the most significant movies from which you have formed your own personal view of the Holocaust. Explain the significance of each to you.

10. If you have studied about the Holocaust in any other seminar, college course, or program, please list them, stating where and when you did this.

11. Have you traveled to Europe before?  Yes  No

If you have traveled to Europe, please describe when, where, and why you went

12. What are your human rights and/or Holocaust organization affiliation(s)?

13. Please provide contact information for three people who have **knowledge of your Holocaust teaching** and who can attest to your teaching abilities and commitment. They will be contacted. Please indicate if any of these people are alumni of this seminar.

a)	
b)	
c)	

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

15. If you have a recent resume or *curriculum vita*, please include a copy with this application

16. ***This is a very physically strenuous and emotionally stressful program, involving a great deal of walking at places that are both physically and emotional demanding.***

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 **fully** in this physically and emotionally strenuous seminar.

All those accepted for this Seminar are expected to participate in the **entire** program. There will be **no** time off for individual sightseeing or private excursions. You may extend the trip through our travel agent at your own expense. Details will be given to those accepted to the program.

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

Participants who cannot keep up with the group due to physical limitations **will be told to leave the program.** Please do not apply if you are unable to walk without assistance for several hours each day

My submission of a *Signature Validation Form* attests to my having completely and truthfully supplied the information requested in this application.