

**HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM
APPLICATION
SUMMER 2007 PROGRAM**

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

Name: _____

Home Address: _____

Home Phone (____): _____ e-mail address: _____

1. How long have you been teaching? _____

Teaching certificate or license held: _____

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

Degree College/University

Date Earned

3. Name, Address, Phone of Current School: _____

4. Current teaching assignment(s) & grade level: _____

5. Next year's assignment(s): _____

6. Have you taught the Holocaust before? _____

7. If your answer is yes, please describe: (a) When _____

(b) How many class hours _____ (c) Curriculum problems, if any _____

8. Reactions, if any, from the administration: _____

9. Reactions from students: _____

The HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM is sponsored by the
**American Gathering of Jewish Holocaust Survivors
American Federation of Teachers
Educators Chapter, Jewish Labor Committee**

With the active support of the
**United States Holocaust Memorial Museum
Atran Foundation, Inc.
Conference on Jewish Material Claims Against Germany
Caroline and Joseph S. Gruss Life Monument Funds, Inc**

10. Describe the community in which you teach (socioeconomic, ethnic, size): _____

11. 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: _____

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

13. Do you foresee any problems in implementing Holocaust education? If yes, please specify:

14. What kind of international travel have you done? _____

15. Union and /or organizational affiliations: _____

16. Any other information you feel should affect your selection: _____

17. List three individuals who have knowledge of your professional experience, who will be contacted. Please provide full Name, Title, Address, Phone Number.

If you have a recent resume or *Curriculum Vita*, please include a copy with this application. If you need additional space for any of the above questions, please feel free to use another sheet, indicating the appropriate question number.

18. All those accepted for this Seminar are expected to participate in the entire program, attending all lectures, trips, and events. **THIS IS A STRENUOUS PROGRAM, BOTH PHYSICALLY AND EMOTIONALLY.** Please list any health problems (physical or emotional) for which you have been, or are currently being treated.

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

I have completely supplied the information requested in this application.

Name: _____ Date: _____

PLEASE SEND THIS FORM, COMPLETED, WITH ALL ACCOMPANYING MATERIAL, TO:

HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM
c/o Jewish Labor Committee
25 East 21st Street—2nd Floor
New York, NY 10010