

**HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM  
APPLICATION  
SUMMER 2009 PROGRAM**

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

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

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

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

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ e-mail 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? \_\_\_\_\_

6. If your answer is yes, please describe: (a) When \_\_\_\_\_

(b) How many class hours \_\_\_\_\_ (c) Curriculum issues, if any \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

8. 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: the

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**11. Union and /or human rights and/or Holocaust organization affiliation: \_\_\_\_\_**

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**12. 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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**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.**

13. All those accepted for this Seminar are expected to participate in the entire program.  
NOTE: THIS IS A VERY STRENUOUS AND STRESSFUL PROGRAM.

LIST ANY PHYSICAL OR EMOTIONAL PROBLEMS FOR WHICH YOU HAVE BEEN, OR ARE CURRENTLY BEING TREATED. UPON ACCEPTANCE TO THE PROGRAM YOU WILL BE SENT A STATEMENT TO BE COMPLETED BY YOUR PHYSICIAN ATTESTING TO YOUR ABILITY TO PARTICIPATE IN THIS PHYSICALLY AND EMOTIONALLY STRENUOUS SEMINAR.

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*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

*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.