

# Birmingham Holocaust Education Center / Scholarship Application

## Workshop Request (please check one)

Information on Recommended Holocaust Education Workshops can be found at [www.bhamholocausteducation.org](http://www.bhamholocausteducation.org)

### U.S. Holocaust Memorial Museum

- Belfer Conference (*Washington, D.C.*)
- Museum Teacher Fellowship Program (*Washington, D.C.*)

### Jewish Foundation for the Righteous

- Summer Institute for Teachers (*New York City*)
- Advanced Seminar (*Newark, NJ*)
- European Study Program

### Facing History and Ourselves

- Holocaust & Human Behavior (*Memphis, TN*)

### Appalachian State University

- Martin & Doris Rosen Summer Symposium, "Remembering the Holocaust" (*Boone, NC*)

### Yad Vashem

- International Seminar for Educators, "Teaching About the Shoah and Antisemitism" (*Jerusalem*)

### Jewish Labor Committee

- Holocaust & Jewish Resistance Teachers' Program (*Europe*)

### Other:

Name of Institution:

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Name of Workshop:

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## Personal Information

Name \_\_\_\_\_

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

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

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

Preferred Email \_\_\_\_\_

## School Information

School Name \_\_\_\_\_

School Address \_\_\_\_\_

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

School Phone \_\_\_\_\_

### Secular Teaching Experience

*Please provide information beginning with the most recent and working backwards.*

School \_\_\_\_\_ Calendar Year \_\_\_\_\_

Grade Level \_\_\_\_\_ Subject (s) \_\_\_\_\_

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Grade Level \_\_\_\_\_ Subject (s) \_\_\_\_\_

School \_\_\_\_\_ Calendar Year \_\_\_\_\_

Grade Level \_\_\_\_\_ Subject (s) \_\_\_\_\_

*If experience is more extensive, attach additional information.*

### Holocaust Teaching Experience

*Please provide information beginning with the most recent and working backwards.*

Number of years teaching the Holocaust \_\_\_\_\_.

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Calendar Year \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Calendar Year \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_ Calendar Year \_\_\_\_\_

*Please describe the content and any special experiences that were included in your Holocaust Unit.  
(i.e. Student assignments, Field trips, etc.)*

**Previous Holocaust Education Workshops You Have Attended**

Workshop \_\_\_\_\_ Date \_\_\_\_\_

Workshop \_\_\_\_\_ Date \_\_\_\_\_

Workshop \_\_\_\_\_ Date \_\_\_\_\_

**Required Essay**

*On a separate sheet of paper, please describe briefly (500 words or less) your reasons for requesting grant support to attend the Holocaust Education Workshop you have selected.*

**Principal Recommendation**

*A recommendation from you Principal is required.  
Please include this with your application by the application deadline.*

**All applications must be received in our office  
by the deadline posted on our website:  
[www.bhamholocausteducation.org](http://www.bhamholocausteducation.org)**

**Signed and completed application should be mailed to:**

*Birmingham Holocaust Education Center  
P.O. Box 130805  
Birmingham, AL 35213-0805  
205-795-4176*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_