

HOLOCAUST STUDIES SUMMER INSTITUTE
JUNE 12-16, 2017 (no weekend classes) Application Deadline: Rolling till capacity reached
COMPLETE THIS FORM ONLY IF YOU ARE NOT SIGNING UP ON THE
M-DCPS Professional Development WEBSITE
Open to teachers of grades 5-12 and Adult Vocational

Circle where appropriate. Please PRINT all information legibly or your application will not be considered. Please complete the application and scan or fax to alissa.stein@gmail.com /305-532-2009

1. Ms. Mr. Other Title _____

2. Name: _____
Last Name First Name Middle

3. **Current HOME Address for mail delivery: (NOT your school address)**

_____ Street and Number City State Zip

4. Home Phone _____ Cell Phone _____ E-mail: _____

5. How many years have you been in the teaching profession? _____

6. Name of School you are presently assigned _____ Position _____

7. Current teaching assignment (grade & subjects) _____

8. How long have you taught at this school? _____ And in Miami-Dade County Public Schools? _____

9. Have you ever attended any other Holocaust institute before? (*Admission criteria is not based on any current knowledge or background in teaching the Holocaust.*) YES _____ NO _____ Which Institute?

10. Have you ever attended this institute before? YES ___ NO ___ If "yes" which year?

11. List any classroom, school-wide or community activities in which you have participated related to Holocaust Studies:
(*Again this is not criteria for admission so please feel free to say if you have had little or no experience with Holocaust education*)

1. _____

2. _____

12. Give at least 3 reasons why you want to participate in this Holocaust Institute:

1. _____

2. _____

3. _____

INTERNAL USE:
_____ date received _____
acc not acc alt

Application deadline: ASAP
Scan or Fax completed application to:
alissa.stein@gmail.com /305-532-2009
Alissa Stein, UM Consultant to Project