

# HOLOCAUST STUDIES SUMMER INSTITUTE

**JUNE 11-14, 2018** (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](mailto: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](mailto:alissa.stein@gmail.com) /305-532-2009**

**Alissa Stein, UM Consultant to Project**