



**Program Request (please check one)**

*Please refer to the BHEC website and review all requirements for the workshop to which you are applying.*

**INTRODUCTORY PROGRAMS**

**Appalachian State University**

Martin & Doris Rosen Summer Symposium, (Boone, NC)

**The Bremen Museum**

Summer Institute on Teaching the Holocaust (Atlanta, GA)

**Facing History and Ourselves**

Holocaust & Human Behavior (Memphis, TN)

**U.S. Holocaust Memorial Museum**

Belfer Conference, Language Arts (Washington, D.C.)

Belfer Conference, Social Studies (Washington, D.C.)

**Other:**

\_\_\_\_\_  
Name of Institution:

\_\_\_\_\_  
Name of Program:

**ADVANCED PROGRAMS**

**Georgetown University**

Jan Karski Institute for Holocaust Education  
(Washington, D.C.)

**Holocaust Educators Network**

Memorial Library Summer Seminar (New York City)

**Jewish Foundation for the Righteous**

Summer Institute for Teachers (New York City)

Advanced Seminar (Newark, NJ)

European Study Program (Europe)

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

**Yad Vashem**

International Seminar for Educators, (Jerusalem)

**Personal Information**

Name \_\_\_\_\_

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

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

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

Home Email \_\_\_\_\_

School Email \_\_\_\_\_

I am a member of the BHEC Teacher Cadre:  YES  NO

## School Information

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

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

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

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

## General Teaching Experience

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

School 1 \_\_\_\_\_ Calendar Year \_\_\_\_\_

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

School 2 \_\_\_\_\_ Calendar Year \_\_\_\_\_

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

School 3 \_\_\_\_\_ 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 1 \_\_\_\_\_ Grade Level \_\_\_\_\_ Calendar Year \_\_\_\_\_

School 2 \_\_\_\_\_ Grade Level \_\_\_\_\_ Calendar Year \_\_\_\_\_

School 3 \_\_\_\_\_ 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 Programs You Have Attended

*Please include BHEC-sponsored workshops.*

**NOTE: Preference will be given to applicants who have participated in at least one prior BHEC program.**

Workshop Name 1 \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Workshop Name 2 \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Workshop Name 3 \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

## 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.bhecinfo.org](http://www.bhecinfo.org)**

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

*Birmingham Holocaust Education Center  
P.O. Box 130805, Birmingham, AL 35213-0805  
205-795-4176, [info@bhecinfo.org](mailto:info@bhecinfo.org)*

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