

The Herbert and Leonard Littman Families Holocaust Resource Center  
The Allen and Joan Bildner Center for the Study of Jewish Life



**APPLICATION**  
**Master Teacher Institute in Holocaust Education**

*Please indicate the courses for which you are applying:*

- Spring 2012** — *Children and the Holocaust* • February 8, February 29, March 28, April 18, and May 9
- Summer 2012 workshop** — *History of the Holocaust* • June 25-29, 2012

Full program description available at <http://jewishstudies.rutgers.edu>

Name \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

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

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

Telephone: Home \_\_\_\_\_ School \_\_\_\_\_ Cell \_\_\_\_\_

What grade level do you teach? \_\_\_\_\_

How many years have you taught about the Holocaust? 1 2 3 4 5 or more \_\_\_\_\_ (please circle one)

In what subject(s) do you teach (or would you teach) about the Holocaust? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your Holocaust unit. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a lesson that you have used with your class.

Please describe your school's size, location, and student population. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the Holocaust taught in other classes in your school? \_\_\_\_\_

If so, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly state why you are interested in participating in the MTI and what you expect to gain from the program. (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief statement about how you plan to implement your new knowledge in your school \_\_\_\_\_

\_\_\_\_\_

List other Holocaust workshops/courses you have attended. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you visited the Holocaust Memorial Museum in Washington, D.C.? \_\_\_\_\_

If so, when, and in what capacity? \_\_\_\_\_

\_\_\_\_\_

Are you currently pursuing an M.A. degree or higher? \_\_\_\_\_

If so, in what subject? \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

|                              |             |
|------------------------------|-------------|
| Supervisor's Name _____      | Title _____ |
| Supervisor's Signature _____ | Date _____  |

**For full program description, see our website <http://jewishstudies.rutgers.edu>**

**Return completed application for spring semester by December 20, 2011 and for June workshop by February 1, 2012 to:**

The Bildner Center  
Rutgers, The State University of New Jersey  
12 College Avenue, New Brunswick, NJ, 08901  
Telephone: 732-932-2033 • FAX: 732-932-3052

*There is no fee to participate in this program.*