



STOP HATE. **STARTING HERE.**

Application
Max M. Kaplan Summer Institute for Educators
July 6-9, 2010

Name: _____

Position: _____

School Name: _____

School Address: _____

Home Address: _____

Work E-Mail Address: _____

Personal E-Mail Address: _____

Phone: _____
(Home) (Work)

Fax: _____

Meals: Please mark your choice: _____Vegetarian _____ Non-vegetarian

FOR NEW APPLICANTS – attending for first time in 2010

What grade level(s) and subject(s) do you teach?

How many years have you taught about the Holocaust and/or genocide?

Please list the three most significant resources you use in your teaching about the Holocaust and/or genocide:

List three goals you have for your participation in the Max M. Kaplan Summer Institute.

1) _____

2) _____

3) _____

Please use an additional piece of paper. In at least two paragraphs, describe your philosophy for teaching about the Holocaust. Please attach this to the application.

The following questions are for our information. Your answers will NOT exclude you from attending the institute.

What Holocaust educational programs (course, conferences, travel/ study programs, seminars, lectures, etc.) have you attended?

List all community organizations you are involved in and briefly describe your participation in each.

Payment

Please enclose a method of payment, check or credit card. A \$150 program cost will be charged after applications have been received and you are accepted to the program.

Send completed application to:

Mary Lee Webeck
Director of Education
Holocaust Museum Houston
5401 Caroline St.
Houston, TX 77004
mwebeck@hmh.org
Phone: 713-942-8000, ext. 123
Fax: 713-942-7953

Credit Card

Visa _____ MasterCard _____ American Express _____

Card Number _____

Expiration Date _____ Card ID# _____

Name on Card _____