

HOLOCAUST MUSEUM HOUSTON

20 YEARS  OF HOPE

Max M. Kaplan Summer Institute for Educators Application

July 11 - 14, 2017

Optional prefix: Holocaust 101 Workshop

July 10, 2017

Regular registration payment, \$175.00 due by June 1, 2017

Early registration payment due by May 1, 2017 to receive \$25.00 early registration discount.

Optional Holocaust Education 101 workshop, \$30

Name: _____

Position: _____

School Name: _____

School Address: _____

Home Address: _____

Work Email address: _____

Personal Email address: _____

Phone (Mobile): _____

Phone (Home): _____

Phone (Work): _____

- Yes! I would like to attend the Holocaust 101 workshop before the Institute
- No, I feel I am ready to study the Holocaust and genocide at an advanced level

Do you have any dietary restriction? We can supply a Vegetarian option. **Vegetarian** _____

PLEASE COMPLETE ONLY THE SECTION THAT APPLIES TO YOU.

**FOR RETURNING APPLICANTS
(Those who have attended the Max M. Kaplan Summer
Institute in 2004 – 2016):**

Please list the years you have attended:

How have you used what you have experienced at the *Max M. Kaplan Summer Institute* in your work?

FOR NEW APPLICANTS – attending for first time in 2017

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 and/or genocide. 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 up to five 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 \$150.00 (by May 1, 2017) or \$175.00 program cost (by June 1, 2017) will be charged to your credit card after applications have been received and you are accepted to the program.
- Holocaust 101 program cost of \$30.00 will be charged to your credit card after applications have been received and you are accepted to the program.

<p>Credit Card</p> <p>Visa ___ Master Card ___ American Express ___ Discover ___</p> <p>Card Number _____</p> <p>Expiration Date _____ CCV _____</p> <p>Name on Card _____</p>

Send completed application to:

Dr. Mary Lee Webeck

Director of Education

Holocaust Museum Houston

5401 Caroline St.

Houston, TX 77004

mwebeck@hmh.org

Phone: 713-527-1623

Fax: 713-942-7953

This year, we will respond to you within seven days of receipt of your application about your acceptance into the Institute.