

**HOLOCAUST MUSEUM HOUSTON**



**Max M. Kaplan Summer Institute for Educators  
Application**

*June 12 - 15, 2018*

**Optional prefix: Holocaust 101 Workshop**

*June 11, 2018*

Regular registration payment, \$175.00 due by May 1, 2018

Early registration payment due by April 1, 2018 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 – 2017):**

Please list the year(s) you have attended:

\_\_\_\_\_

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

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**FOR NEW APPLICANTS – attending for first time in 2018**

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

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

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

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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?

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List up to five community organizations you are involved in and briefly describe your participation in each.

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## Payment

Please enclose a method of payment: check, credit card, or school district P.O.

- **A \$150.00 (by April 1, 2018) or \$175.00 program cost (by May 1, 2018) 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><b>Credit Card</b></p> <p>Visa ___ Master Card ___ American Express ___ Discover___</p> <p>Card Number _____</p> <p>Expiration Date _____ CCV _____</p>
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If paying by school district purchase order, please complete the following:

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

PO # \_\_\_\_\_

Send completed application to:

Dr. Mary Lee Webeck

Director of Education

Holocaust Museum Houston

9220 Kirby Drive, Suite 100

[mwebeck@hmh.org](mailto:mwebeck@hmh.org)

Phone: 713-527-1623

Fax: 713-942-7953

We will respond to you within seven days of receipt of your application about your acceptance into the Institute.