



Tennessee Holocaust Teacher Fellowship Program Application

Expectations:

1. Attend seminar in Nashville and Washington, D.C. -- dates to be determined
2. All participants will receive two books in advance of the seminar sessions that they are expected to have read
3. Submit two quarterly reports and final report on an outreach project designed to help other teachers incorporate the teaching of the Holocaust and other genocides in their classrooms
4. Implement Holocaust Teacher Fellowship projects during the academic year
5. Attend the concluding workshop in Nashville

Name _____ Email _____

Home Address _____

City _____ State _____ Zip _____

School Name _____ County _____

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 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 Tennessee Holocaust Teacher Fellow program and what you expect to gain from the program. **(Attach an additional sheet if necessary.)**

Why do you teach about the Holocaust? **(Attach an additional sheet if necessary.)**

Provide your rationale or philosophy and how it has impacted the development of a Holocaust unit/lesson that you have taught. **(Attach an additional sheet if necessary.)**

List other Holocaust workshops you have attended.

I understand that acceptance into the Tennessee Holocaust Teacher Fellow program constitutes a commitment to participate in the seminar (as explained in the Expectations section on the previous page) and as a consultant for the Tennessee Holocaust Commission, as requested, as a teacher mentor.

Applicant Signature _____ Date _____

Supervisor's Name _____ Title _____

Supervisor's Signature _____ Date _____

Principal's Name _____

Principal's Signature _____ Date _____

Please return completed application to:

**Devora Fish, Director of Education
Tennessee Holocaust Commission, Inc.
Vanderbilt University
P.O. Box 59252
Nashville, Tennessee 37205
(615) 343-2563
Devora.Fish@vanderbilt.edu**