



## 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:*

Danielle Kahane-Kaminsky, Executive Director  
Tennessee Holocaust Commission, Inc.  
Vanderbilt University  
P.O. Box 59252  
Nashville, Tennessee 37205  
(615) 343-2563