

**The Herbert and Leonard Littman Families Holocaust Resource Center  
The Allen and Joan Bildner Center for the Study of Jewish Life**



**APPLICATION  
Master Teacher Institute in Holocaust Education  
Virtual History of the Holocaust mini-course  
Summer 2022**

**There is no fee to participate in this course.**

Full program description available at [BildnerCenter.rutgers.edu](http://BildnerCenter.rutgers.edu)

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ School \_\_\_\_\_ Cell \_\_\_\_\_

School Name \_\_\_\_\_ District \_\_\_\_\_ County \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What grade level do you teach? \_\_\_\_\_

How many years have you taught about the Holocaust? 1 2 3 4 5 or more:

\_\_\_\_\_

In what subject(s) do you teach (or would you teach) about the Holocaust?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your Holocaust unit. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a lesson that you have used with your class.

Please describe your school's size, location, and student population.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the Holocaust taught in other classes/grades in your school? \_\_\_\_

If so, please describe. \_\_\_\_\_

\_\_\_\_\_

Briefly state why you are interested in participating in the MTI and what you expect to gain from the program. (attach additional sheets if necessary). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a brief statement about how you plan to implement your new knowledge in your school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List other Holocaust workshops/courses you have attended. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you visited the Holocaust Memorial Museum in Washington, D.C.? \_\_\_\_

If so, when, and in what capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently pursuing an M.A. degree or higher? \_\_\_\_

If so, where and in what subject? \_\_\_\_\_

\_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's email \_\_\_\_\_ Date \_\_\_\_\_

Completed applications are sent to: Sarah Portilla [sarah.portilla@rutgers.edu](mailto:sarah.portilla@rutgers.edu)

The Bildner Center

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