

Application
Teaching of the Holocaust
South Carolina Council on the Holocaust
Summer Program, Columbia College
Education 724
Sunday, July 13-July 18, 2008

Name: _____
Prefix First Name Middle Name Last Name
Title: _____

Grade(s) Taught: _____

Subject(s) Taught: _____

Teacher Certification Number _____

School District Name and Number: _____

School (Organization) Name: _____

School Address: _____

Street Address or Post Office Box

City

State

Zip

Home Address: _____

Street Address or Post Office Box

City

State

Zip

Home Phone: _____ School Phone: _____

Fax Number: _____ Email Address: _____

***** On the back of this form, please explain in 300 words or less why you wish to attend this program.**

Return to: Mrs. Barbara Parker, Department of History and Political Science, Columbia College, Columbia, SC 29203 email: bparker@colacoll.edu
(803) 786-3785 (office) (803) 786-3789 (fax)
Dr. Selden Smith (home) 803-782-9294

MAIL OR FAX BY FRIDAY, June 20, 2008