

**Application**  
Teaching of the Holocaust  
South Carolina Council on the Holocaust  
Summer Program, Columbia College  
Education 724

**Sunday, July 11- July 16, 2010**

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: School \_\_\_\_\_ Email : Home \_\_\_\_\_

**\*\*\* Please send this application along with a cover letter discussing how your participation will benefit your future students.**

Return to: Mrs. Barbara Parker, Division of Behavioral Studies, Columbia College, Columbia, SC 29203 email: bparker@columbiasc.edu  
(803) 786-3785 (office) (803) 786-3789 (fax)

**\*\*\*Deadline for application is June 18, 2010. Early registration is advised. Usually the class is full before the deadline.**