



**South Carolina Council on the Holocaust Summer Program
Application Form
July 16-18, 2019**

SECTION I: Application Form

Name: _____

Grade(s) Taught: _____

Subject(s) Taught: _____

Teacher Certification Number: _____

School District: _____

School Name: _____

School Address: _____

Phone: _____

Email Address Home: _____

Email Address School: _____

Do you need lodging during the training? (open to educators from 45 miles or beyond):

Yes No

Are you seeking graduate credit for the course? Yes No

Section II: Personal Statement

On a separate page, please write a short personal statement explaining how your participation in the summer workshop will benefit your students. Include how long you have been teaching, the number of years you have taught the Holocaust (if any), and any prior training you may have already had in this subject matter (if any).

Section III: Registration Fee

The costs of the summer program are underwritten by the SC Holocaust Council with the exception of a one-time the registration fee. If applying on or before April 15th, please submit a \$100 registration fee. Any applications postmarked after April 15th require a \$125 registration fee.

Mail your application to Dr. Christine Beresniova, South Carolina Council on the
Holocaust, 1 Fernandina Court, Columbia, SC 29212
or email it to CBeresniova@SCHolocaustCouncil.org