



**Educator Field Study Trip - Grades 5 - 12**  
**United States Holocaust Memorial Museum (USHMM)**  
**Friday, January 31 - Saturday, February 1, 2020**

Applications will be reviewed as they are received. Incomplete applications will not be considered.

Please return the completed 2-page application to Linda Medvin at [lm Edwin@fau.edu](mailto:lm Edwin@fau.edu).

The final date to submit an application is **Tuesday, October 29, 2019**. Notification of acceptance or rejection to this program will be by **Tuesday, November 10, 2019**. Participation is limited. **Previous participants are not eligible**. Participants will be provided travel and lodging expenses. Food, local travel and incidentals are the responsibility of individual participants. Participants will need to submit a **\$50.00** fee with their completed registration form. The fee will be refunded upon successful completion of the trip. In cases of cancellation for any reason, there will be no refund.

Participants are required to attend the pre-trip session on **Thursday, January 16, 2020** from **3:00 - 6:00 PM** at the Center for Holocaust and Human Rights, Dorothy F. Schmidt College of Arts and Letters, Florida Atlantic University, 777 Glades Road, AH 52 Room 110, Boca Raton, FL 33431

Name:

Home Address:

City:

State & Zip:

Home Phone:

Cell Phone:

E Mail:

School Email:

School Name:

School District:

Principal Name:

School Phone:

Position:

Grade Level (s):

Subject (s) Taught:

Have you ever taught the Holocaust: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what have you taught?

Do you teach the Holocaust Elective: Yes \_\_\_\_\_ No \_\_\_\_\_

**Continue to Page 2`**



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**Why are you interested in participating?**

**What do you plan to do with the knowledge gained from this program when you return?**

**Application Criteria**

- The applicant submitted a complete Field Study Trip application.
- The applicant's goals refer to Professional Development, curriculum development, building awareness about the issues of prejudice and student support.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Principal's Signature**

\_\_\_\_\_  
**Date**

**Please return this completed 2-page application to Linda Medvin at [lmedvin@fau.edu](mailto:lmedvin@fau.edu).**