



THE CHECKPOINT CHARLIE FOUNDATION, BERLIN

APPLICATION

BERLIN SUMMER PROGRAM 2019: DIVERSITY AND TOLERANCE IN BERLIN – PAST, PRESENT AND FUTURE

First day of program: June 16, 2019 (depart LA June 15) • Last day of program: June 26, 2019

Please print this application form and type or clearly print your responses. All fields are required unless otherwise noted. If additional space is needed for responses, please attach an additional page or pages indicating the question number. Applications can also be completed and submitted online at www.museumoftolerance.com/BerlinSummerProgram2019.

How did you learn of this opportunity? \_\_\_\_\_

I have attended Tools for Tolerance® for Educators programs at the MOT. (Yes or No) \_\_\_\_\_

I have taken my students to the Museum of Tolerance. (Yes or No) \_\_\_\_\_

Explain further, if you wish. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Current School Name : \_\_\_\_\_

Current Supervisor

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

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

School Phone: (\_\_\_\_\_) \_\_\_\_\_



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Please answer the following questions. If needed, please attach an additional page indicating the question number.

1. What subject(s) and/or grades do you currently teach? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long have you been teaching? \_\_\_\_\_

3. Please list your college degrees (lowest to highest)

<u>College / University</u>	<u>Degree Earned</u>	<u>Date Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Have you covered the Holocaust in lessons before? (Yes or No) \_\_\_\_\_

a. If so, approximately how many classroom hours do/did you spend on the topic? \_\_\_\_\_

b. Were there particular challenges or issues you faced in teaching the subject?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please answer the following questions. If needed, please attach an additional page indicating the question number.

5. Describe the community in which you teach (socio-economic, ethnic, size): \_\_\_\_\_

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6. Do you have any special dietary or religious needs? \_\_\_\_\_

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7. In brief, please describe your motivation for participating in this program: \_\_\_\_\_

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Please answer the following questions. If needed, please attach an additional page indicating the question number.

8. Have you been to Europe before, and if so, when? What countries did you visit? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Do you have any impediments to participating fully in an emotionally and physically challenging program?

If yes, please explain.

PLEASE NOTE: The program can be emotionally and physically challenging and involves a lot of walking.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please provide us with a contact person in the event of a medical emergency during your visit.

Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

All those accepted for this seminar are required to participate in the entire program.

You may extend your stay in Berlin or other parts of Europe at your own expense.

Signed:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

THE APPLICATION DEADLINE IS FEBRUARY 1<sup>ST</sup>, 2019. Applications must be received by February 1st. Applicants will be informed by March 1st if they have been accepted. Please mail completed applications and a current resume or CV to:

Liebe Geft, Director  
Museum of Tolerance  
1399 South Roxbury Drive  
Los Angeles, CA 90035

For additional information or to apply online please visit [www.museumoftolerance.com/BerlinSummerProgram2019](http://www.museumoftolerance.com/BerlinSummerProgram2019)