

**Application**  
**Educators Trip to USHMM---Washington, DC 2006**

**Name** \_\_\_\_\_

**School** \_\_\_\_\_

**School Address** \_\_\_\_\_

**School Phone** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Email** \_\_\_\_\_

**Subject taught** \_\_\_\_\_

**Grade Taught** \_\_\_\_\_

**Years Taught** \_\_\_\_\_

**Briefly describe your present Holocaust unit.**

**Why do you want to go on this trip and how might it enrich your Holocaust teaching?**

**Teacher's Signature** \_\_\_\_\_

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

**Return by email, FAX or mail by October 6, 2006 to:**

**Andy Cahn**

**Westchester Holocaust Education Center**

**2900 Purchase Street**

**Purchase, NY 10577**

**FAX: 914-696-0843 Email: [cahna@aol.com](mailto:cahna@aol.com)**