The Ruth Korzenik Memorial and Joseph Korzenik Holocaust Educator Award

and

The Joseph Zola Holocaust Educator Awards

and

The Joseph Zola Professional Development Research Grants

Application for 2009

Due: MONDAY, MARCH 16, 2009

*Name of Applicant_____

Home Address_____
Street City State Zip

Home Phone:_____E-Mail_____

School ID Number_____

Title of Project:_____

School_____
☐ Middle School ☐ High School

School Address_____
Street City State Zip

School Phone:_____School Fax_____

Subject Area(s):_____

Duration of Unit:_____Estimated Number of Students_____Grade Level_____

Reference: (Attach letter of recommendation - Item G – at the end of Application Requirements)

Name:_____

Title:_____

School:_____Phone:_____

***If a team is submitting, only one application cover sheet is required. Please list team members and their contact information on the reverse side.**