



2010 KRON SIGAL AWARD NOMINATION FORM

1. NOMINEES NAME, ADDRESS, PHONE, FAX & EMAIL:

NAME:

ADDRESS:

PHONE: FAX: EMAIL:

2. TEACHING POSITION:

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3. GRADE(S):

SUBJECT(S):

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4. SCHOOL OR INSTITUTION'S, ADDRESS, PHONE, FAX & EMAIL:

NAME:

ADDRESS:

PHONE: FAX: EMAIL:

5. TYPE OF SCHOOL: elementary secondary public parochial

6. NOMINATOR'S NAME ADDRESS, PHONE, FAX & EMAIL:

NAME:

ADDRESS:

PHONE: FAX: EMAIL:

7. DESCRIPTION OF NOMINEE AND HIS/HER EDUCATIONAL EFFORTS.

Describe what was done, how it was developed, how it was implemented, its impact on the students, results, evaluation methods, time span of project and length of the nominee's overall commitment to Holocaust Education. Other appropriate comments are also welcome. Please attach this information on a separate sheet.



8. MATERIALS DEVELOPED/USED:

Please include any materials developed, lesson plans, resource lists etc.

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9. HAS THE NOMINEE ATTENDED ANY OF THE FOLLOWING?

- Annual High School Symposium on the Holocaust YES NO
- Kristallnacht Commemorative Lecture YES NO
- Holocaust Remembrance Day (Yom Hashoah) YES NO
- Holocaust Education Centre Exhibits YES NO
- Holocaust Education conferences/workshops YES NO
- Other. Please explain:

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10. HAS THE NOMINEE EVER:

- Requested a survivor speaker YES NO
- Participated in a VHEC school program YES NO
- Other. Please explain:

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11. LETTERS OF REFERENCE INCLUDED?

- YES PENDING

12. SUPPORT MATERIALS TO BE RETURNED

(Please include postage paid return envelope)

- YES NO

SIGNATURE

DATE

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PLEASE SUBMIT NOMINATIONS BY FRIDAY, APRIL 15, 2010