



# 2012 KRON SIGAL AWARD FOR EXCELLENCE IN HOLOCAUST EDUCATION NOMINATION FORM

## 1. NOMINEE'S NAME, ADDRESS, PHONE & EMAIL:

NAME: .....

ADDRESS: .....

WORK PHONE: ..... HOME PHONE OR CELL: ..... EMAIL: .....

## 2. TEACHING POSITION:

.....

## 3. GRADE(S):

## SUBJECT(S):

.....

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

NAME: .....

ADDRESS: .....

WORK PHONE: ..... HOME PHONE OR CELL: ..... EMAIL: .....

5. TYPE OF SCHOOL:  elementary  secondary  public  independent

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

NAME: .....

ADDRESS: .....

WORK PHONE: ..... HOME PHONE OR CELL: ..... EMAIL: .....

## 7. DESCRIPTION OF NOMINEE'S EDUCATIONAL EFFORTS:

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



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**8. MATERIALS DEVELOPED/USED:**

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

**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
- VHEC Exhibits  YES  NO
- Holocaust education conferences/workshops  YES  NO
- Other. Please explain:

**10. HAS THE NOMINEE EVER:**

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

**11. LETTERS OF REFERENCE INCLUDED?**

- YES  PENDING

**12. SUPPORT MATERIALS TO BE RETURNED**

(Please include a postage paid return envelope)

- YES  NO

SIGNATURE

DATE

**PLEASE SUBMIT NOMINATIONS BY MONDAY, APRIL 2, 2012**