

Henry & Pepi Silverstein Memorial Endowment Fund

Educators are invited to apply for a grant of up to \$500 for any program or project that will allow them to become more effective in teaching the history, literature and stories of the Nazi Holocaust. The intent of the endowment is to carry forward the Mission of the Sandra Bornstein Holocaust Education Center: To teach the history of the Holocaust in order to promote human dignity and justice, and serve as a memorial to its victims.

Purpose

To award a qualified educator with a grant of up to \$500 to be used for improving their personal Holocaust education or for developing classroom projects/lessons/materials for teaching Holocaust education during the 2016-2017 school year.

Eligibility

Any employed Middle School and Secondary School teachers of any discipline from Rhode Island or immediate surrounding area who include, or plan to include, a Holocaust unit or project as part of their curriculum during the next academic calendar year. Applicants should indicate approximately when during the school year this unit or project is to take place.

Application Deadline:

The following application must be completed and received by May 13, 2016. Send completed application with projected budget to the address below.

Also include a brief letter from your Principal (Department Head) on school letterhead stating that you are a teacher on the faculty and that you do have the ability to include a Holocaust unit in one or more of your classes. (Grants cannot be considered if this letter is not attached.)

Send application and letter to: Paula Olivieri
Sandra Bornstein Holocaust Center
401 Elmgrove Avenue
Providence, RI 02906

If you have any questions about the process or eligibility, please call Paula Olivieri at SBHEC RI, 401.453.7860 or email paula@bornsteinholocaustcenter.org.

Notification to recipient:

The grant recipient will be notified by June 13, 2016 and receive a check on June 22, 2016 at the Annual Meeting of HERC RI.

Silverstein Grant Application

Date: _____

First name: _____ Last name: _____

Street _____ Apt. or Unit # _____

Town/City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

E-Mail _____

School _____

Street _____

Town/City _____ State _____ Zip _____

School Phone _____ Website _____

Amount Requested: _____

Courses and Grade Levels You Teach:

How many years have you incorporated the Holocaust into your classes?
(Please check one below)

0-11 months _____ 1-3 years _____ 4-6 years _____

7-10 years _____ more than 10 years _____

How long is your present Holocaust Unit?
(Please check one below)

1-3 days _____ 1 Week _____ 2 Weeks _____

3 Weeks _____ 4 or more weeks _____

How did you hear about this grant?
(Please check one below)

I received a mailing_____ My principal or a colleague_____

From the media_____ HERCI Web Site_____ Other_____

Briefly explain how you incorporate (or plan to incorporate) the teaching of the Holocaust into your current classes. (You may attach a separate page.)

Include a proposed budget, including other funds available for your project. (You may attach a separate page.)

Briefly explain how you intend to use the grant to further your personal knowledge of the Holocaust or to enhance your classroom unit? (You may attach a separate page.)

(Though the grant may be used for any Holocaust related use, the following list provides some acceptable uses: for a Holocaust workshop fee, for a Holocaust course tuition, Holocaust related videos, dvd's, books or posters, a trip to a Holocaust memorial museum, computer hardware or software used for your unit, materials for Holocaust display, Holocaust speaker fee.)

News Release Waiver:

If you are selected as the recipient of the grant, indicate below whether you will permit your name and photo to be used in local press releases or in the Sandra Bornstein Holocaust Education Center or other publications.

Sign your name and record the date beside one of the statements below:

I grant my permission:

Your name

Date

I DO NOT grant my permission:

Your name

Date