Morris Rubell Remembrance Journey APPLICATION

to

United States Holocaust Memorial Museum Washington D.C.

Name	Date:
Address	
City, State, Zip	
Home Phone	Cell Phone
E-mail Address	
School	Grade(s)
School Address	
City, State, Zip	
School Phone	School FAX
Number of Students going on the trip	
Subject(s) you teach	
Check the Holocaust Council services	you or your school utilize:
☐ Speakers' Bureau (survivors, Liberators, POW's)	☐ From Memory to History Exhibit
☐ Rubell Student Seminar	☐ Rubell Trip to USHMM, Washington D. C.
☐ Martha Rich Scholarship	☐ Adopt A Survivor
☐ Holocaust Council Film Series	☐ Lunch 'n Learn With A Survivor
☐ Bagels and Books	
□ Other	
☐ Please send me information about	these opportunities.

Has your school participated in a previous Rubell Trip? \square Yes \square No
If Yes, what was the date of the trip?
Please list and briefly describe any Holocaust/Genocide related project/event your class/school has organized.
Why would you like your class to have this experience?
willy would you like your class to have this experience:

Please e-mail or fax this application to:

Jamie Carus < JCarus@jfedgmw.org>

Holocaust Council Phone: 973-929-3067

FAX – 973-884-7361 Holocaust Council of Greater MetroWest Attention: Jamie Carus