

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:

- | | |
|--------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Speakers' Bureau (survivors, Liberators, POW's) | <input type="checkbox"/> From Memory to History Exhibit |
| <input type="checkbox"/> Rubell Student Seminar | <input type="checkbox"/> Rubell Trip to USHMM, Washington D. C. |
| <input type="checkbox"/> Martha Rich Scholarship | <input type="checkbox"/> Adopt A Survivor |
| <input type="checkbox"/> Holocaust Council Film Series | <input type="checkbox"/> Lunch 'n Learn With A Survivor |
| <input type="checkbox"/> Bagels and Books | |
| <input type="checkbox"/> Other _____ | |
| _____ | |
| _____ | |

Please send me information about these opportunities.

