|  |  |  |  |
| --- | --- | --- | --- |
|  | **Museum of the History of Polish Jews****Nissenbaum Family Foundation Educational Fund** |  | Attachone photohere*Photographs**should be approximately the size of this box.* |

***POLIN Meeting Point - Summer Education School***

**(August 16th - 31st 2015)**

APPLICATION FORM

Please complete all parts of this form in black ink or print. You are required to supply one original (sent by post) and one e-mail version of this application form. Please attach photographs to each copy.

The application form must be sent by e-mail and by post no later than June 10, 2015to addresses given in the announcement.

Participants will be selected in a two-stage recruitment process. The first step is to complete this application form and send it by June 10, 2015. Based on the application forms Organizers will shortlist a group of people who will be invited for an interview.

**Before completing this application form please refer to the information on our website**: [www.polin.pl](http://www.polin.pl)

**Please type. Add another page if additional space is needed.**

### Personal details

|  |  |
| --- | --- |
| Family name (as in your passport or ID) |  |
| Other name(s) |  |
| Sex |  | Male |  | Female |  |
| Place of birth |  | Date of birth |  |
| Nationality |  | Place of residence |
| Passport No. or ID No.Valid until (at least until August 31, 2015) |  |

|  |  |
| --- | --- |
| Your permanent address | Your current mailing address |
|  |  |
| E-mail |  |
| Telephone number |  |
| Mobile number |  |

### Academic background

|  |  |
| --- | --- |
| Institution: name of College/University |  |
| Main subject of study |  |
| List of completed courses of Jewish studies, Jewish-Polish history, Holocaust history, Eastern Europe history, Memory Culture etc. (it should include at least one). |  |
| How have your prior academic and extracurricular experiences prepared you to participate in the Project? |  |
| Year of study |  |
| MA Degree Program or BA Degree(check correct one) | MA Degree Program | BA Degree Program |
| Your grade point average (GPA) for the last academic year |  |

### References

Please attach a letter from at least one academic reference – preferably in English to support your application for the Project. Remember to attach the letter from your reference to the original application form, to be sent to us by post.

**Reference**

|  |  |
| --- | --- |
| Title and name |  |
| Position |  |
| Telephone number |   |
| E-mail |  |
| How long have you known this reference? |  |
| What is his/her professional relationship to you? |  |

**English Language Skills:** (required level:Cambridge Certificate in Advanced English, however no certificate is needed)

Please indicate: Excellent - Good

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reading** | **Writing** | **Speaking** | **Comprehension** | **Received certificates** |
|  |  |  |  |  |

**Personal Statement**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Do you have any international experience?
 |  | Yes |  | No |
| If ‘yes’, please provide full details (participating in a student exchange, holiday abroad, working in international organizations, etc.) |
|  |
| 1. Do you have any experience in social work, volunteering, school and university activities and other which involve teamwork or interpersonal relations?
 |  | Yes  |  | No |
| If ‘yes’, please provide full details (organization, program, your responsibilities) |
|  |
| 1. Please explain your interest in participating in the Project and how you will benefit from our Project? (1 - 2 pages)
 |
|  |
| 1. What issues should Polish-Israeli-German cooperation focus on nowadays? Please describe briefly what kind of activities might be useful in maintaining such cooperation.
 |
|  |
| 1. Describe your experience/interests in cultural animation projects or research projects
 |
|  |
| 1. Additional Information (regarding your extra skills and interests e.g. music, fine arts, journalism, film)
 |
|  |

**Statement**

|  |
| --- |
| Name, address of next of kin or person in your home country who should be contacted in the event of an emergency *(please state relationship).* |
|  |
| E-mail |  |
| Telephone number |  |
| Mobile number |  |

|  |  |
| --- | --- |
|  | Please check this box to confirm that you have told your emergency contact that you have given us their details. |

**The Organizer of the Project, the Polin Museum, is authorized to cancel the Project or make changes the Project. The Organizer is authorized to revoke participation based on personal misconduct (drugs, alcohol, misdemeanors, repeated and unjustified absence during lectures and workshops or other unpredicted situations).**

**The Organizer reserves the right to record and publish materials registered in connection with the Project. Participants grant the Organizer a royalty-free right to use photos and videos with their image, and rights to materials presented and developed by the Participants during the Projects without the need to seek their consent in every case.**

**I HEREBY CERTIFY** that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the application and agree to participate within the framework of the ***Polin meeting Point – Summer Education School*** for which I am accepted.

By signing this application, I agree to accept the use of my personal data by the Museum of the History of Polish Jews in order to complete the enrolment process and coordinate my participation in the *POLIN Meeting Point - Summer Education School* (as required by Polish Law, The Act on Personal Data Protection: Journal of Laws No. 133, item 883, dated: 29.08.1997);

|  |  |  |
| --- | --- | --- |
| Applicant's Signature |  | Date |