

Study Tour of the Canadian Battlefields

July 7 to 18, 2009.

APPLICATION FORM

General Information

- **All applications forms and statements of support must be faxed to 613-744-4823 to the attention of Jill McCaw no later than March 27, 2009. If you have questions, Jill can be contacted at jmccaw@histori.ca or 1-888-676-3247. Any application forms received after that date will not be accepted.**
- If you require more space to answer any part of this form, please attach additional pages.

ELIGIBILITY

- You are available from July 7 to 18, 2009 to attend all the activities of this trip and can commit to participating fully for the duration of the journey.

SELECTION CRITERIA

Candidates are to be assessed on the following criteria:

- Active involvement in history education as demonstrated by school and community activity, professional development experience, published writings, curriculum work, workshop presentations, or resource development.
- Commitment to professional growth and willingness to develop curricula for implementation in schools.

THE GRANT

- The grant covers the costs of the program, accommodation (double occupancy), excursions, meals and transportation (flights and bus in Europe). Historica will look at provision of a travel subsidy for travel within Canada to the point of departure.

PARTICIPANTS COMMITMENT

- Participants will be required to pay \$2,000 in registration fees.
- Participants will be required to play an active role in the study tour. They will be asked to participate in several decision-making exercises and to make short presentations.
- Upon return, teachers participating in this program will commit to active involvement in history education by:
 - Writing an article about their experience.
 - Do a presentation about their Battlefields Study Tour experience to their School Board
 - Do a presentation about the experience to the teachers and/or students of their school.
 - Collaborate on lesson plans to be submitted to the Historica website.

APPLICANT INFORMATION

Name: (Mr. Ms. Mrs. Miss) _____

Home Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Home Phone: _____ Home E-mail: _____

School Name/organization: _____

School/Organization Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

School/Org. Phone: _____ E-mail (work): _____

Fax Number (work) : _____

Grades Currently Teaching: _____

Preferred address of correspondence: Home School/Organization

Preferred email address of correspondence: Home School/Organization

Preferred language of correspondence: English French

Spoken languages (please check all applicable answers): English French
 Other: _____

Short biography (50 words or less)

PERSONAL COMMITMENT

Please complete a short personal statement of commitment, explaining what you personally would want to learn from this trip as well as how you anticipate you would benefit as a teacher. *You may respond in point form.*

Describe how you might help other teachers benefit from your participation in this trip. *You may respond in point form.*

Send this application no later than **March 27, 2009**. All requests received after that date will not be accepted.

I _____ agree to commit to the following

- write an article about my experience and collaborate on lesson plans to be submitted to the Historica website
- Do a presentation about the Battlefield Study Tour experience to my School Board
- Do a presentation about the experience to the teachers and/or students of my school

Applicant's Signature: _____

Date: _____

Personal information

Travel information

Exact Name on the passport _____

Passport Number: _____

Expiration Date: _____

Airport of origin: _____

Additional information

Do you have any chronic medical conditions we should be aware? Yes No

What? _____

Do you carry medication? Yes No (please specify) _____

Do you suffer from any specific food allergies? Yes No

What? _____

Do you carry medication? Yes No (please specify) _____

Are you full vegetarian (no chicken or fish) or do you have any special diet requirements?

Yes No (please specify) _____

Do you suffer from any other types of allergies or sensitivities? Yes No

What? _____

Do you carry medication? Yes No (please specify) _____

Other person to reach in case of emergency:

Name: _____

Tel: _____

Promotional Material Consent form

I hereby agree to be photographed or filmed on video while participating in the Canadian Battlefields Study Tour for Historica Foundation’s multimedia promotional purposes (Newspapers radio, television, website, etc)

Name (in block letters) _____

Signature _____

Date _____

Release for promotional material

I hereby allow the below information to be distributed to participants and Historica’s organizers of the Study Tour of the Canadian battlefields.

Name of School /Organization _____

Telephone Number (School/Organization) _____

E-mail (School) _____

E-mail (house) : _____