SISTER ROSE THERING AWARD

Sister Rose Thering Award - awarded to an educator or individual contributing to the field of higher education specifically in teacher training related to bias, prejudice and discrimination.

Venue – Presented at the end of school year at the Commission meeting.

Criteria:

- A person or organization that has devoted time, talent, knowledge, creativity, and energy to the education of students about the tragedies of inhumanity and to developing respect and tolerance for others in students
- Has written extensively in books, articles, etc. about conscience and moral responsibility, on the Holocaust and genocides, the dangers and destructiveness of the denial of history, the evils of hatred and discrimination, human rights, etc.
- Has consistently performed above and beyond what is expected in the teaching of tolerance, respect, the evils of discrimination and prejudice, the horrors of the Holocaust and genocides, the tragedy of acts of hate, etc.
- Is doing research or a project or work that coordinates with the field of teaching or preserving history and knowledge of the Holocaust/genocides and developing respect and tolerance for others
- Demonstrates the sense of moral responsibility and caring exhibited by persons such as the "Upstanders" and the "Righteous" rescuers, etc.

Nominations for these awards presented by the New Jersey Commission on Holocaust Education may be accepted from private citizens, community and religious groups, Holocaust Centers, government officials, etc. All nominations will be reviewed by the Commission or a subcommittee established by the Commission with final selection made by the Commission.

SISTER ROSE THERING AWARD

Nomination Form

Please return to:

New Jersey Department of Education
New Jersey Commission on Holocaust Education
P.O. Box 500
Trenton, NJ 08625
FAX – (609) 633-8599
holocaust@doe.state.nj.us

Nominee:_____

Position:_____

School Address:_____
(Street – City – Zip Code)

Home Address:_____
(Street – City – Zip Code)

Cell Phone #:_____ **Work Phone #:**_____

E-Mail Address:_____

Nominated by:_____

Position:_____

Phone #:_____ **E-Mail Address:**_____

TO BE COMPLETED BY NOMINATOR

Please respond to the candidate's qualifications regarding the criteria stated.

_____

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(Additional pages or supplemental material may be attached)

(Make Copies if Needed for Additional Nominees)