

## Cohen Center for Holocaust and Genocide Studies

## at Keene State College

Part I: Name:	
(Please check one)  Matriculated Keene State Student  High School Student	Community Member Middle School Student
Name of Middle or High School	
Local Address:	
Email:	Phone:
Name, email and phone number of the faculty whose class your work was created:	y advisor, professor, or teacher who helped you, or for
Name:	Phone:
Email:	
<b>Part II:</b> Title of your entry:	
Type of work (Research Paper, Essay, Poem, S presentation or a performance, you must s	Short Story, Film, Artwork, Play, etc.) If your entry is a submit a digital copy along with this form.
If your entry is in the form of a presentation,	please provide the name(s) of the performer(s):



Would you be will	ing to leave your work	on display at the College for an indefinite period of time?
(Up to five years)		
Yes	No	
		(Over)
Part III:		
describing your we Program, or in the	ork. Please note that t	what inspired you to create this entry, and a paragraph he description of your work may be included in the ssions, the description may accompany your entry. (Please

## Additional Information:

All entries must be submitted by: March 9, 2018 at 4pm.

Selection Process will begin on March 14, 2017

Awards Presentation: March 27 at 7:00pm Alumni Recital Hall, Redfern Arts Center

Keene State College

For additional information about the Awards, please contact: Tom White (603-358-2746) at twhite@keene.edu

