

Columbia Holocaust Education Commission

Proposal for Holocaust Education Grant Cover Sheet

Applicant Name: _____

Organization Name: _____

Contact Name (if other than applicant): _____

Contact Address: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

Title of Project/Activity: _____

Amount Requested (may not exceed \$2,500): _____

Beneficiaries of Project/Activity (students, teachers, etc.): _____

Proposed Date(s) and Location of Project: _____

Completed cover sheet must accompany your full proposal. Please see attached proposal requirements for detailed instructions for writing your proposal.

Signature - applicant

Signature - supervisor (principal, dean, etc.)

Submit five copies to:

Erica Serbin
Executive Director
Columbia Jewish Federation/
Katie and Irwin Kahn Jewish Community Center
POBox 23257
Gerry Sue and Norman Arnold
Jewish Community Campus
306 Flora Drive
Columbia SC 29224
Phone 803 787 2023
Fax 803 462 1337
Web site www.jewishcolumbia.org