

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: _____

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 requirements for detailed instructions for writing your proposal.

Signature - applicant

Signature - supervisor (principal, dean, etc.)

Submit completed form to:

CHEC@jewishcolumbia.org

Attn: Susie Goldstein