



Anti-Defamation League  
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 Web <http://regions.adl.org/eastern-pa/programs/no-place-for-hate.html>

## School Request for Project Approval

**School Name** \_\_\_\_\_

**Contact Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** (    ) \_\_\_\_\_

**Fax** (    ) \_\_\_\_\_

**Email** \_\_\_\_\_

**Date** \_\_\_\_\_

**PROJECT APPROVAL FORMS MUST BE SUBMITTED AT LEAST 2 WEEKS BEFORE THE PROJECT DATE, OR THE PROJECT MAY NOT BE APPROVED.** Please fill in the information about your No Place for Hate® project with as much detail as possible.

1. What number *No Place for Hate*® project is this in your school for this year (Project #1, 2, 3, etc.)? Which year of participation in the *No Place for Hate*® program in your school is this (year 1, 2, 3, etc....)?

Project #	Year #

2. What is the title of this project?

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3. Describe the project:

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WHO (Is this project open to all students; does it affect the student body as a whole?):

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WHAT:

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WHEN (DATE AND TIME):

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WHERE:

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HOW:

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4. What is the goal of this project?

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5. How does this project fit with the mission of the **No Place for Hate**<sup>®</sup> mission statement? (Projects should promote respect for individual and group differences while challenging bullying, prejudice and bigotry. Ideally, projects will help young people put current events into historical context, challenge them to think critically and evoke a sense of “community.”)

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**Please return this form to the ADL, send via fax or email to the address above.**

