



Project Approval Request



In order for your school to receive its earned designation, you must complete and return this form for each project selected & completed. Please submit via fax (561) 989-0712 or email pharte-weiner@adl.org

School Name _____

Contact Name _____

Address _____

Phone/email _____

Date _____

Please fill in the information about your No Place for Hate® project with as much detail as possible.

1. Which *No Place for Hate*® project is this in your school?

_____ of 3 Projects?

2. What is the title (if any) of this project?

3. Description of project (WHO, WHAT, WHEN, WHERE, HOW):

4. How does this project fit with the mission of **No Place for Hate**®?

