



# Project Approval Form

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All students must have an opportunity to participate in at least three (3) No Place for Hate® activities.

School Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Activity Title: \_\_\_\_\_

*\*Please note that signing the Resolution of Respect is the first step to becoming a No Place for Hate® designated school and therefore cannot be counted as an activity.*

Proposed Activity Date(s): \_\_\_\_\_

Project:  1  2  3

Activity Description (WHO, WHAT, WHERE, WHEN, HOW) (attach additional sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

How does this project coincide with the mission of No Place for Hate®?

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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send completed Project Approval Form to:

Anti-Defamation League  
C/o No Place for Hate® Initiative  
25800 Northwestern Hwy, Suite 980  
Southfield, MI 48075  
Phone (248) 353-7553  
Fax (248) 353-1264

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Additional Information Needed	
_____	
_____	
_____	