



School Request for Project Approval

School Name _____
Contact Name(s) _____
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? _____ Year Participating?
_____ 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**®?

Please return this form to santa-barbara@adl.org