



HOLOCAUST & HUMAN RIGHTS EDUCATION CENTER

KAIDANOW FAMILY MINI-GRANTS FOR TEACHERS

Purpose: Grants are available to enhance the teaching of the Holocaust and related topics: human rights, antisemitism, discrimination, racism, and genocide.

Objectives: Projects should enrich the student learning experience, subsidize special programs or meet an instructional need not met through the annual school budgetary process. For example, a teacher might apply to create an age-appropriate classroom library, or to help defray the cost of a class trip to the Museum of Jewish Heritage in Lower Manhattan, or to cover the teacher's costs of a course or an educational trip to learn more about the Holocaust to enhance the teacher's own knowledge. Grants will not be awarded for lesson preparation, which is regarded as part of a teacher's professional responsibilities.

Awarding of Grants: Three grants of **\$600** each will be awarded to teachers or teams of teachers working in public, private, and parochial schools in the Lower Hudson Valley. Applications will be reviewed by a sub-committee of the Educators Program Committee of the Holocaust & Human Rights Education Center and the Director of Education.

Deadline: **Submission of grant proposals and notification of awards will be made on a rolling basis. Applications will be reviewed and notification given within one month of receipt.**

Final Requirements: Grant recipients will be required to submit a one-page summary statement and an evaluation at the completion of their project. Materials suitable for replication must be submitted to the Holocaust & Human Rights Education Center.

HOLOCAUST & HUMAN RIGHTS EDUCATION CENTER

KAIDANOW FAMILY MINIGRANTS FOR TEACHERS APPLICATION FORM



Name (contact person) _____

School _____

School Address _____

Home Address _____

Telephone (School) _____ Cell _____

Email _____

School District _____

We permit the Holocaust & Human Rights Education Center the right to use the information about our project and its results for the purposes of public information or assistance to other educators. This information does not include releasing our home addresses and telephone numbers. We have made our principal(s)/supervisor(s) aware of our application for this grant.

Signature of contact person Date

Name and signature of teammate Date

Name and signature of teammate Date

I have read this application and will support its implementation.

Name, title and signature of principal/supervisor Date

Please send completed application to: Kaidanow Grant Program
Holocaust & Human Rights Education Center
4 West Red Oak Lane, Suite 204
White Plains, New York 10604

HOLOCAUST & HUMAN RIGHTS EDUCATION CENTER KAIDANOW FAMILY GRANT

Title of proposal_____

Grade and content area_____

School district and school_____

Number of staff_____ and students _____ directly involved in the proposal

1. **Proposal:** Please give a brief description of your proposal.

(What do you want to do? Include your objectives and projected outcomes.)

2. **Impact statement:** Show how this proposal will fulfill the goals of this grant program.

(Identify the problem or educational need, interest or goal your project is designed to address. Be specific.
Tell why you feel it is important.)

3. **Procedure:** Specify the steps to be conducted in implementing the project.

(Your methods and activities should flow from your objectives. Describe program's general strategy, length of project, staff responsibilities, materials and equipment.)

4. **Project assessment:** describe how you will determine the success of your project.
(Describe the procedures to be used to determine whether anticipated outcomes were realized)

5. **Budget:** List all resources necessary to implement the project.

Supplies and materials

Travel

Fees

Speakers

Other

Total funds requested: _____

Further questions or further information, contact

Steven Goldberg

Director of Education

Holocaust & Human Rights Education Center

sgoldberg@hhrecny.org

(914) 696-0738