

FOR OFFICE USE ONLY

Date Rec'd _____
Decision _____
Amount _____
Date Approved _____
Project # HH - _____

New Jersey Council for the Humanities

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**Humanities in the Hallways
Professional Development Program Application**

SPONSORING ORGANIZATION INFORMATION (usually Project Director's school or school district)

Name of sponsoring organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Congr. District: _____ NJ Legislative District: _____ County: _____

Name of Project Director: _____

Name and Title of Authorizing Official: _____

Describe facilities and services that will be provided by the sponsoring organization:

Sponsoring Organization agrees to host the program(s) proposed in this application and guarantees that these activities will be held in an appropriate venue that meets ADA standards and is insured for personal injury and property damage.

Authorizing Official Signature: _____

PROGRAM INFORMATION:

Topic: _____

of Hours of program: 1- (2hrs)_____ 2- (3hrs)_____ 3-(4 hrs)_____ 4 - (6hrs)_____

Event Address: _____

Date(s) and Time(s): _____

Number of participants expected : _____

