



BACKGROUND

Insight Through Education, Inc. (Supporting Instruction of Genocide and Holocaust Teaching) is a nonsectarian, not-for-profit, all-volunteer organization that supports and encourages tolerance education for children, using lessons learned from the Holocaust and other genocides. Learning about the Holocaust and other genocides, these worst of human events, informs youth about the dangerous connection between intolerance, discrimination and violence. InSIGHT exists to make this education possible.

This grant application is for funding requests for teacher education and training, student programming, curriculum development and educational materials and resources, as well as innovative educational programs.

INSTRUCTIONS

It is important that your application be completed with details and with clarity. inSIGHT's focus is educating youth; programs geared primarily to adults will not be considered. Please note the following:

- * inSIGHT will not fund salaries.
- * All program materials, books, videos, DVDs, etc., must be listed by title and include the source and price per item.
- * Invoices for expenses and materials should be billed to inSIGHT for payment. Unavoidable out-of-pocket costs will be reimbursed upon presentation of original receipts.

Preferred submission is the grant application, which is available on the inSIGHT website: www.inSightthrougheducation.com, Seven printed copies should be mailed to:

inSIGHT Through Education, Inc, P.O. Box 33054, Palm Beach Gardens, FL 33420

For additional information contact Roberta Wiener, 561-632-1776.

Submission deadlines:

1st week in November

1st week in March

Efforts will be made to accommodate emergency grants.

INSIGHT GRANT APPLICATION

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Cell: _____ Fax: _____

Email: _____

Principal/Director: _____

Contact Person: _____

Title of Grant: _____

Target Group: _____

Estimate Number of Participants: _____

Start Date: _____ End Date: _____

Requested from inSIGHT

\$ _____

Other Funding Sources

\$ _____

Total Proposed Budget

\$ _____

REQUIRED SIGNATURES

DATE SIGNED

Principal/Administrator: _____

Holocaust Studies Administrator _____

Grant Administrator: _____

GRANT JUSTIFICATION

Please summarize your project in approximately 50 words.

Describe the objectives of your project and the expected outcomes that will result from its implementation.

Biographical information of speakers or presenters (if relevant).

Schedule for this grant: list start time, conclusion date, etc.

Plans for follow-up and/or assessment and evaluation of this project. (Note: inSIGHT welcomes examples of your project's success such as student essays, art projects, DVDs, presentations, etc., and may showcase them at inSIGHT events and on our website. InSIGHT will also sponsor follow-up activities at a breakfast or dinner meeting for teachers to share information from workshops they attended.)

GRANT SUMMARY (Submit this page at the conclusion of your project with receipts and requests for payment)

Name of Project: _____

Location: _____ Date: _____

Director/Teacher: _____

Phone: _____ E-mail: _____

Amount of grant: _____ Date of grant: _____

Describe how you and your students benefitted from this project:

What method of assessment did you use?

How do you think the project affected students?

Do you anticipate repeating this project again with funding from inSIGHT? Yes No

Were there any changes you would make with this project?

Other comments or suggestions you would like to offer inSIGHT?

Please return to Roberta Wiener, 7491 Blue Heron Way, West Palm Beach, Fl, 33412