



**South Carolina
Council on the Holocaust**

The South Carolina Council on the Holocaust was established to honor the survivors of the Holocaust and their descendants, and the South Carolinians and their descendants who participated in the liberation of the concentration camps.

GRANT APPLICATION

Date of Grant Application: _____

Demographic Information

This section includes the contact information of the person(s) participating in the grant, and basic information about the school

Point of Contact

Name(s) of Person(s) on the Grant: _____

Email: _____

Phone: _____

Have you received an SCCH grant before? Yes No

 If yes, year received: _____

School or Organization

School or Organization Name: _____

District: _____

School Address: _____

School Demographics: _____

Explanation of Project

Project Type

Book and/or Resource Request Domestic Travel School Project

Invited Guest Speaker International Travel Museum Visit

Other: (explain) _____

Please write a brief description of your request, including:

- A) what the grant money will be used for specifically (if resources, list titles and prices; if guest speaker, list names and exact fees, etc.)
- B) date of anticipated project/lesson
- C) anticipated audience (type and number to attend)
- D) how the grant furthers the Council's aims
- E) expected educational outcomes
- F) how you will evaluate the project

BUDGET INFORMATION

Due to limited state resources, the Council normally cannot fund requests over \$1,000.

Amount Requested from the Council: _____

Please provide a budget for the event/program, and indicate where the Council funds will be applied:

If your requested grant exceeds the maximum limit of \$1000, please provide a justification why:

Educator Overview

Describe your prior training in Holocaust education, including programs hosted by the Council. (Please do not simply list dates but explain the experience).

Awarded checks are made out to schools or organizations (rather than individuals). Please provide the name of the organization to whom the check should be made out **and** the mailing address:

The grant committee may request additional information as part of the review process.

Any changes to the approved grant purpose must be approved by the Council in writing prior to their being implemented

SCCH reserves the right to publish grant information, including names of contact persons, schools, and program details, on its website

The Council's fiscal year runs from July 1 to June 30th each year

Please email your application and relevant attachments to:

Dr. Christine Beresniova
cberesniova@scholocaustcouncil.org

For any questions, please call 803-351-0659