

**LEGACY HERITAGE JEWISH STUDIES PROJECT
DIRECTED BY THE ASSOCIATION FOR JEWISH STUDIES**

To support public programming in the 2011-12 academic year.

APPLICATION COVER SHEET

Contact Information

Institution: _____

Program: _____

**Please see question III.a and c below if your institution does not currently have a Jewish studies program.*

Lead applicant contact information:

Name: _____ Title: _____

Mailing Address: _____

E-mail: _____ Phone Number: _____

*I am a member of the AJS for the 2010-11 membership year _____
I have approval from the Jewish studies program director to submit this proposal _____
I have previously applied for this grant y _____ n _____*

It is the applicant's responsibility to secure any additional approval required by the home institution.

Program Director/Department Chair (if different from lead applicant):

Name: _____

Email: _____ Phone Number: _____