Community Classroom Program Application

Thank you for your interest in being part of the Community Classroom program!

The Sultana Education Foundation (SEF) welcomes proposals from organizations and individuals to offer a Community Classroom program. This file provides the information that is required to submit a program proposal. Additional information is available in the Frequently Asked Questions (FAQ) on the website.

PLEASE NOTE: Your online application must be submitted in one session (you cannot save and return). You may draft the required information in another document and copy and paste them directly into the online form.

We are currently accepting applications for Fall 2026 (Sep 15 - Dec 15 2026) programming. Applications are being accepted on a rolling basis, through June 1 2026.

Your responses will automatically be sent to us after submitting the online form. You will be given the option to receive a copy of your responses at the same time. Following your submission, an SEF staff member or volunteer will reach out to discuss your proposal. Please note, we may not be able to accommodate all proposals due to the number and SEF's desire to offer a variety of programs.

Items with a red asterisk (*) are mandatory.

Basic Contact and Program Information

Please tell us a little about yourself / your organization, and the program you are proposing.

Email (*): _____

Primary Contact Information (*): _____
Please provide your first name, last name, and phone number (i.e., John Doe, 800-555-1212)

Program Title (*): _____
Please provide a short title for the program, 50-75 characters, suitable for a program listing.

Presenter (*): _____
if same as primary contact, enter "same"

Presenter Brief Bio (100 words max)(*): _____
Please provide information on your background & education, interests, etc., especially as pertaining to the program you are proposing

Presenter Organization (if applicable): _____
Does your program have an associated organization? If so, please provide the organization name.

Presenter / Organization Website (if applicable): _____
Does your organization have a website? If so, please provide the website URL (i.e., www.sultanaeducation.org)

Program Description (*): _____
Please provide a description that provides potential participants a clear picture of what you'll be covering. Include what participants can expect from your course (i.e., outcomes or takeaways) as applicable.

Brief Summary (*): _____
Please provide an attention-grabbing statement about your program, no more than two short sentences. (e.g., "A panel of local experts will give us tips and tricks on how to access key community services," "Bring your own supplies and join award-winning artist, Jane Doe, for a night of creativity! Jane is known for her landscape painting and will provide guidance for both experienced and novice artists."

Program Format(s) (*)
Select all that apply

- ☐ Lecture/forum
- ☐ Moderated discussion
- ☐ Demonstration & practice
- ☐ Performance
- ☐ Class
- ☐ Other (please specify)

Number of Program Sessions (*)
Please indicate how many sessions your program will comprise. If multiple sessions, please describe further.

- ☐ Single session (indicate length below, in separate item)
- ☐ Multiple sessions (please describe below, in separate item)

SINGLE Session Length
If your program is a single session, please provide the approximate session length in minutes (including Q&A time if applicable).

_____

MULTIPLE Session Details
If your program will comprise more than one session, please provide details on the number of sessions, total program length, and individual session length.

_____

Program Details and Preferences

This additional information will help SEF in its program proposal evaluation process, please be as specific as possible where applicable.

Preferred Program Location (*)
Select all that apply

- ☐ Lawrence Wetlands Preserve - Harwood Nature Center (seated capacity: 45)
- ☐ Holt Education Center - Havemeyer Hall (seated capacity: 75)
- ☐ Holt Education Center - Map / Lab Room (seated capacity: 75)

Preferred Program Month(s) (*)
Select all that apply

- ☐ September 15-30 2026
- ☐ October 2026
- ☐ November 2026
- ☐ December 1-15 2026

Preferred Program Day/Time (*)
Select all that apply

- ☐ Weekdays, starting at 3pm
- ☐ Weekdays, starting at 6pm
- ☐ Weekends
- ☐ No preference

Minimum to Maximum Number of Participants (*): _____
Please indicate the minimum and maximum number of participants (i.e., 5-12, or 10+). If no maximum, enter "none"

Space Setup & Equipment Needs (*)
Please select all that apply and provide additional details as appropriate.

- ☐ Chairs
- ☐ Tables
- ☐ Podium
- ☐ Sound system / audio amplification
- ☐ Video / projection
- ☐ Internet access
- ☐ Other (please specify)

Is there anything else you would like us to know, or consider, about you or your program?

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