



2018-2019 ARTitorium on Broadway Travel Grant Application

Today's Date: _____

School Information

*School Name: _____

*Contact Name: _____ *Phone: _____

*Email: _____

*Address: _____

*County: _____ *District #: _____

Planned Field Trip

Approximate date of trip (if unknown, leave blank): _____

*Grades and number of students: _____ *Number of buses: _____

*Total cost of transportation (include details, e.g. cost per bus or cost per mile):

Grant Details

*Total amount of funding requested: _____

Grants are typically limited to \$500 per trip and are provided as a reimbursement upon receipt of an invoice. Additional funding may be available; please contact us.

Any additional information?

Signature: _____ Date: _____

Name and Title: _____

*All * fields are required. Send completed form to **Georgina Goodlander** by email to ggoodlander@idahofallsarts.org, by mail to Idaho Falls Arts Council, 498 A Street, Idaho Falls, ID, or drop it off at the Idaho Falls Arts Council ticket office or ARTitorium on Broadway.*

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