

**Grant Application Form • Transportation Assistance  
Champaign County Museums Network**

This grant assists with the reimbursement of transportation costs for one day of programs by one group of students at one or more member institutions of the Champaign County Museums Network. The amount of support is calculated on a sliding scale based on your estimated total transportation fees. The reimbursement will be paid once the final invoice for bus fees is submitted to the Network. Each school is limited to one grant per school year.

Contact Educator \_\_\_\_\_ Email \_\_\_\_\_

School name and address \_\_\_\_\_

School district name and number \_\_\_\_\_

Visit(s) supported by this assistance

Date of visit(s) \_\_\_\_\_

Museum 1 visited \_\_\_\_\_

Program to be presented \_\_\_\_\_

Museum 2 visited \_\_\_\_\_

Program to be presented \_\_\_\_\_

Number of students \_\_\_\_\_ Grade(s) \_\_\_\_\_

Estimated bus costs \_\_\_\_\_

Would not receiving assistance keep you from making this visit/these visits? (Circle one) Y N

I affirm that the information above is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send the completed form and final invoice to Kim Sanford** by fax (217-244-9419) or email [ksheahan@illinois.edu](mailto:ksheahan@illinois.edu).

*For Office Use Only*

Date Application Received \_\_\_\_\_

Date Reviewed by Network \_\_\_\_\_ Resulting Vote \_\_\_\_\_

Amount Approved \_\_\_\_\_

Educator Informed? \_\_\_\_\_ Date \_\_\_\_\_ By Whom \_\_\_\_\_

Bus Fee Invoice Date Received \_\_\_\_\_

Check Sent to Educator? \_\_\_\_\_ Date \_\_\_\_\_ By Whom \_\_\_\_\_