

Application Form • Spurlock Museum Study of Ancient Cultures Knight Grant

To be eligible for this grant, an educator must reserve a program or programs (in-house or outreach) focusing on ancient civilizations. The grant assists with transportation costs for one day of tours and programs held in the Museum or educator costs and craft fees for one day of Museum outreach programs. Those seeking reimbursement of transportation costs will need to be a registered vendor with the University of Illinois. If you need a Vendor Information Form (for registration) or have any other questions, contact Kim Sheahan at 217-244-3355 or ksheahan@illinois.edu.

Educator contact _____ School _____

School address _____

School district name and number: _____

Phone number _____ Email _____

Business office contact _____ Email _____

Percentage of school population receiving free/reduced lunch _____

Program(s) for which grant is requested:

Name of program(s) _____

Time of program(s) _____ In-house program outreach program

Date of program(s) _____

Grade(s) (if multiple programs, designate grade for each) _____

Number of students (designate numbers for each program) _____

Please explain how this program fits within your curriculum: _____

Estimated bus costs, if you are asking for reimbursement: _____

Is your school able to support this program if grant funds are not available? yes no

Per University of Illinois policy, the signature below assures that grant recipients will not use funds to:

- a) carry on propaganda or otherwise attempt to influence legislation;
- b) influence the outcome of any public election;
- c) carry on, directly or indirectly, any voter registration drive; or,
- d) conduct illegal activity.

I affirm that the information above is accurate and complete.

Signature _____ Date _____

Return the completed form to Kim Sheahan by fax (217-244-9419) or email (ksheahan@illinois.edu).

For office use only

Date form received _____ Form reviewed by _____ Date _____

Grant _____ Applicant informed Initials _____ Date _____

Final Amount _____

EEIP submitted Initials _____ Date _____