

A: CONTACT INFORMATION

Institution _____
School District _____ County _____
Address _____
Contact _____ Position _____
Phone _____ FAX _____
E-mail _____

B. INSTITUTIONAL TYPE AND GROUP SIZE

Is your institution a 501(c) 3 non-profit organization? Yes _____ No _____
Private _____ Public _____ Other _____ Explain _____
Intended Audience _____
Number of participants _____ Age of Participants _____ Grade _____ Chaperones _____

C. PLANNING AND IMPLEMENTATION

Please provide the exhibition title/program to which you will apply this grant. Institutions may apply to more than one program (a separate application is necessary for each program). Institutions may not be awarded more than one grant in the academic year.

Are you applying for more than one program during the academic year? Yes _____ No _____

Will this field trip include other site visits? Yes _____ No _____ If yes, where? _____

Program Date _____ Program Time: 9:00 am _____ 10:45 am _____ 1:00 pm _____

Have you reserved this time and date slot with The Trout Gallery Outreach Office? _____

How will this program integrate within your curriculum?

How will you be preparing your students for this program?

What follow up activities have you planned after your return?

D. PROGRAM AND GRANT HISTORY

Has your institution participated in previous Trout Gallery Outreach Programs? Yes____ No____

If "yes" provide date (month/year) of previous participation ____ - ____

Has your institution received funds for previous programs at The Trout Gallery? Yes____ No ____

If you receive an access grant, will this be the only program that you will be able to participate in at The Trout Gallery this year? Yes _____ No _____

If you are not awarded an access grant, how will your group be able to participate in the educational program?

E. BUDGET

Nature of Transportation (e.g. school bus, charter) _____

One-way distance to The Trout Gallery (miles) _____

Have you applied for matching funds through other supplemental funding sources (e.g. PTO)?

Yes____ Indicate source, amount. _____ \$ _____

Results pending ____ results expected by ____ - ____

No____

Total cost of Transportation \$ _____

Matching Funds (minus) \$ (_____)

Total Request \$ _____

F. EDUCATOR'S SIGNATURE

I state that all of the information listed above is correct and that funds received in conjunction with the Access Grant will be used only for the purposes explicitly stated on the application overview.

Educator _____ Date _____

G. EXECUTIVE ASSURANCES

I have examined this application and certify that the information is correct and that my institution supports participating in the program indicated.

Principal, Headmaster, or Agency President _____ Date _____

THE TROUT GALLERY / Access Grant OVERVIEW

Mission

The purpose of The Trout Gallery Access Grant is to enable schools and other non-profit organizations to visit the museum by providing supplemental funds to help defray transportation costs.

Grants

The Trout Gallery has created a limited number of grants to be awarded during the fall and spring semesters. Funds are awarded on a competitive basis. Only a small percentage of the applications will be funded. The amount of each grant will vary, depending upon need and supplemental funds. Institutions may apply for both semesters, but are eligible for no more than one grant per academic year. Funding for this year's grants is underwritten by the Ruth Trout Endowment and the Helen E. Trout Memorial Fund.

Eligibility

All non-profit educational institutions as well as non-profit community and senior centers are eligible.

Application

Application forms may be obtained from The Trout Gallery by calling 717-245-1344 or downloaded from the museum's web site at www.dickinson.edu/trout.

Review Process

Applications will be reviewed by The Trout Gallery and ranked according to need, advanced preparation, and degree to which program integrates into curriculum. A number of grants will be reserved for those institutions that without such assistance, would not be able to participate in the museum's outreach programs.

Due Dates

Applications are due one-month prior to program date.

Submission

US MAIL (please do not use overnight mail)
The Trout Gallery
Access Grant Application
Dickinson College
PO Box 1773
Carlisle, PA 17013-2896

FAX
717-254-8929. Please confirm that we received your FAX application by calling 717-245-1344.

Award Notification

Applicants will be notified of the results of their application within 1 month of applying.

Use of Funds

Funds may be used to pay for direct transportation costs only (bus and driver fees). Funds may not be used to pay for chaperones or meals. *Please note, the museum's programs are free.*

Reporting

After the program, the educator must complete a brief follow-up questionnaire detailing how funds were used and document how the program was integrated into course curriculum.