



EDUCATION SCHOLARSHIP APPLICATION

Please return to eceleste@nmc.edu

The Dennon Museum Center has several funds to support the admission and transportation costs for pre-K–12 school visits to the Museum. These funds can be used for museum tours and educational performances.

The *Museum Education Tour Fund* is supported by private donations and revenue from the annual Dennon Museum Store Holiday Art Fair. This fund can be used once per year by a group of up to 90 students.

The *Guyot-Belcher Endowed Scholarship for the Arts* fund was established by Robert B. Guyot III to cover costs for Kalkaska students. This fund can provide for up to 2 visits per year for each classroom, pending the availability of funding.

Applications received will be considered for coverage up to \$500. Priority is given to admission costs, but travel may be covered with required estimate and invoice. The visit must be scheduled before the application can be submitted and approved. Additional notes or letters may be sent to: Education Department, Dennon Museum Center, 1701 E. Front Street, Traverse City, MI 49686.

Please return the completed application to the Dennon Museum Center before the date of your visit

School _____ Grade(s) _____

Address _____ City, State, Zip _____

Teacher _____ Phone _____

Email Address _____

School District _____

of students/seats _____ Admission Cost Total _____

Date/Time of Visit _____

[] Check here if applying for transportation funding (Please attach the estimate from your transportation provider for transportation expenses. The name of the payee, the amount, date of the trip, and the address to which the reimbursement check is to be mailed should be included on the invoice, and is required within 30 days after your visit.)

For NMC Use Only:	<input type="checkbox"/> Foundation Request Sent	<input type="checkbox"/> Payment Req. Bus. Office
	<input type="checkbox"/> EDU Fund	<input type="checkbox"/> Guyot-Belcher Fund
Admission Costs: _____ @ \$ _____ = \$ _____		
Transportation Expenses:	\$ _____	
TOTAL GRANT:	\$ _____	
Signature DMC Representative: _____		Date: _____