



# Coastal Museums Association

## Kiah Fund Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

Statement of Need (*Why are you requesting funds from the Kiah Fund?*)

Name of Conference / Seminar / Workshop: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Conference / Seminar / Workshop: \_\_\_\_\_

What professional development expenses do you anticipate?

Registration: \_\_\_\_\_

Lodging: \_\_\_\_\_

Travel: \_\_\_\_\_

Food: \_\_\_\_\_

Misc: \_\_\_\_\_

Total: \_\_\_\_\_

*(CMA can cover up to 30% of the cost of professional development.)*

Which expenses are being covered by your institution? \_\_\_\_\_

*(Individuals requesting monies from the Kiah Fund must be supported by equal or greater contributions from their employing institution.)*

What amount are you requesting from the Kiah Fund? \_\_\_\_\_

Have you received funds from the Kiah Fund in the past? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, when? \_\_\_\_\_

*If additional space is needed, please attach another page.*