



Coastal Museums Association
P.O. Box 11362
Savannah, GA 31412

www.gacoastalmuseums.org

Kiah Fund Application

Your Name: _____ Date: _____

Member Organization: _____

Organization Mailing Address: _____

Email: _____

Telephone Number: _____ Fax Number: _____

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

Name of Conference/Event: _____

Location: _____

Date(s) of Conference/Event: _____

What Professional Development expenses do you anticipate?

Registration: _____

Lodging: _____

Travel: _____

Food: _____

Misc.: _____

Total: _____

(CMA may 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? _____

If yes, when? _____

If additional space is needed, please attach additional pages