

**CCL TRAVEL GRANT  
APPLICATION COVER SHEET**

NAME

FORM OF ADDRESS (Ms., Mr., etc.)

POSTAL ADDRESS

PHONE

EMAIL ADDRESS

PROJECT TITLE

PLACE WHERE PROJECT IS TO BE CONDUCTED

DATES FOR THE PROPOSED PROJECT

WHICH OTHER SOURCES OF FUNDING HAVE YOU INVESTIGATED FOR THIS PROJECT?

TO WHICH OTHER GRANTING AGENCIES HAVE YOU SUBMITTED A PROPOSAL FOR THE SAME OR A SIMILAR PROJECT?

**PROPOSED BUDGET:**

Estimated cost of transportation	<input type="text"/>
Estimated cost of lodging	<input type="text"/>
Estimated cost of meals	<input type="text"/>

**TOTAL REQUEST**  (Max. \$2,000)

Applicant's Signature \_\_\_\_\_