

# APPLICATION

*Please Photocopy as Needed. Use a Separate Application for Each Program*

## SPONSORING ORGANIZATION(S)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street or Box City Zip Code

Is this a non-profit organization? Yes \_\_\_\_\_ No \_\_\_\_\_ Email: \_\_\_\_\_

## PROGRAM COORDINATOR

Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## TITLE OF PROGRAM AND SPEAKER REQUESTED

Speaker \_\_\_\_\_

Title of Program \_\_\_\_\_

## LOCATION, DATE, AND TIME OF PROGRAM

\_\_\_\_\_  
\_\_\_\_\_  
Estimated Audience Size \_\_\_\_\_

## CO-PAYMENT

Please choose one of the following options:

- \$50.00 co-payment to Humanities Montana included
- Will send \$50.00 co-payment
- Requesting a waiver of the \$50.00 co-payment

## COST-SHARE ESTIMATE

As a program sponsor I agree that my organization will account for and report volunteer and/or staff time, mileage, the value of venue space, meals, and other contributions (both in-kind and cash), which will amount to at least \$400.

\_\_\_\_\_  
Program Coordinator's signature

**Return this completed form at least four weeks before your program to:**

**Humanities MONTANA**

311 Brantly, Missoula, MT 59812

[www.humanitiesmontana.org](http://www.humanitiesmontana.org)

406-243-6022 or 1-800-624-6001