



TPAC'S HUMANITIES OUTREACH IN TENNESSEE
APPLICATION FOR TRANSPORTATION ASSISTANCE
2009-2010 HOT Season

_____ (performance name)

In order to request funds, you must complete the boxed section of this form and return it immediately. Awards are made on the basis of travel distance and the economic need of the school. **In addition to this form, please attach a brief explanation of why your school is in need of transportation funding.** Please cite supportive statistical data in your narrative such as 1) the number of students on a free lunch program, 2) unemployment statistics for your county. This information is vital in determining the priority in which our funds are awarded. Prior to sending this form, you will need to contact the bus company or your school's transportation department to get an exact round-trip cost. TPAC can **ONLY** reimburse up to **50%** of your total travel expenses.

Mail To: Tennessee Performing Arts Center
 ATTN: Cassie LaFevor
 P.O. Box 1906600
 Nashville, TN 37219

Return by: May 15, 2010

School _____	Phone _____
Contact Person _____	Phone _____
School Address _____	
City _____	State _____ Zip Code _____
Confirmed Performance Date _____	Total # of Buses _____
Total Number of Participants _____	Total Round Trip Cost _____
Signature _____	Date _____

The school will be responsible for making its own travel arrangements and for paying the total cost at the time of billing.

TPAC will only provide reimbursement funds after we receive a copy of the paid invoice. Application and receipts must be received by May 15, 2010. Reimbursement amount may be adjusted if the projected amount of the Total Round Trip Cost is different from the actual Total Round Trip Cost. The percentage designated will be honored.

If you have any questions, contact TPAC Education at 615-687-4288.

*After approval for your assistance, you will receive this form, completed and signed, as your confirmation.

DO NOT WRITE ON THE BOTTOM OF THIS SHEET – TPAC USE ONLY

This is to designate that the above-named school will receive \$ _____ or _____% reimbursement of transportation costs, whichever is less, for actual travel expenses incurred for this HOT performance.

Final Reimbursement Amount: Pay \$ _____ to the above-named school. **Dept: 11-5880**
 Copy of Billing/Payment Receipt Received (date) _____

Executive Vice President of Institutional Advancement _____ **Date** _____

Transportation Grants are sponsored in part by Bridgestone/Firestone Trust Fund.