



THE COUNCIL OF AMERICAN MARITIME MUSEUMS, INC

LEONARD RENNIE PROFESSIONAL TRAVEL GRANT APPLICATION

Name: _____

Position: _____

Institutional
Address: _____

Amount requested from CAMMM: _____

Total cost of travel: _____

Purpose of Request (include dates, location, length of stay, etc.):

Provide a concise breakdown of travel request budget (including lodging, food, transportation, and other expenses):

Briefly describe how this travel will assist you and your institution in better performing your job:

Signature of Applicant

Signature of Institutional Director
Signifies approval of applicant to apply for funds and
that the institution will fund the balance of travel costs.

Return application to: Paul E. Fontenoy
Chair, Fellowship Committee
North Carolina Maritime Museum
315 Front Street
Beaufort NC 28516