National History Day Travel Grant Program

Supplemental Grant Information

You must provide the following information pertaining to the location (city, county, district) in which the student benefitting from the travel grant resides. Submit this form along with your grant application. Please contact your county clerk’s office at your local county courthouse if you do not know who your local government officials are.

Applicant Organization Name: ________________________________________________

Applicant’s Address: _______________________________________________________

Applicant’s City/County: ___________________________________________________

Traveling Student Name: ___________________________________________________

Traveling Student Address: _________________________________________________

Traveling Student City/County: _____________________________________________

Governing Mayor: _________________________________________________________

County Judge: ___________________________________________________________

State Senator: ___________________________________________________________

State Representative: ______________________________________________________

*Please note that some cities have multiple districts; please list the one applicable official.