



National History Day Travel Grant Program

Certification for Use of Funds

I, _____, certify that to the best of my knowledge and belief, all information submitted in the online registration/LOI and application requesting travel funds from the Division of Arkansas Heritage for the benefit of student(s) invited to participate in the National History Day Travel Grant Program (NHD) National Contest will be met. I further certify that any funds received through NHD will be used specifically for the purposes listed in the grant award.

I will be responsible for:

- Submitting receipts and requested documents through the online portal by June 28, 2024
- Communicating with program director, Debra Fithen, on behalf of my school, all students and parents by contacting her at Debra.Fithen@arkansas.gov.
- Communicating with appropriate staff, administrators, teachers, students and parents to ensure students are reimbursed after the check is sent to the school in late August.

Signature/Date

Email and Phone Number

Title

Number of students eligible to attend NHD National Contest from my school _____ school district _____

School District

Name, title and email address of secondary contact at school/school district