



THE COUNCIL OF AMERICAN MARITIME MUSEUMS, INC.

## LEONARD RENNIE PROFESSIONAL TRAVEL GRANT APPLICATION

**Name:**

**Position:**

**Member Institution:**

**Institution Address:**

**Telephone:**

**Email:**

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

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

**Travel Budget:** Provide a brief break down of travel request budget including lodging, food, travel, and other costs:

**Total Cost of Travel:**

**Amount requested from CAMM:**

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**Signature of Applicant**

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**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 Fontenoy, CAMM Administrator  
1832 Cherokee Road NW  
Albuquerque, NM 87107**

**Phone (252) 528-0955 Fax (505) 216-2554**

**Email: [maritimemuseums@gmail.com](mailto:maritimemuseums@gmail.com)**