

# Vermont Department of Libraries

## **EVERY HERO HAS A STORY**

### Performer Grant Application Form

The performer(s) **MUST** be from the program booklet.

Name of Library: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal Employer ID # of Library: \_\_\_\_\_ (You **must** have this to apply)

Name of Performer: \_\_\_\_\_

Date of Performance: \_\_\_\_\_ Program Fee: \_\_\_\_\_

I understand and agree that only libraries meeting standards may apply and that the grant may be used only for performer/s from this program booklet.

Submitted by: \_\_\_\_\_

Position at library: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission deadline: Friday, March 6, 2015**

**Send to:**

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