



The State Theatre

1307 J St. Modesto, CA 95354 · Phone: (209) 527 - 4697 · Fax: (209)527- 4520

STATE THEATRE TRANSPORTATION GRANT REQUEST 2017/2018 YOUTH EDUCATION PROGRAM

The State Theatre helps to offset the cost of transporting students by bus to our Youth Education Program by awarding transportation grants. During the 2017/2018 school year, The State awarded \$6,500 in grant funds to nearly 40 schools throughout the region. The goal is to make these no-cost educational programs available to all children, in grades K through 8, who fall under the auspices of the Stanislaus County Office of Education (SCOE), our partners in these presentations.



To allow us to make these funds available to as many schools and children as possible, grants for transportation to and from Youth Education Programs will not exceed \$150 per round trip. Each request will be reviewed carefully and grants will be awarded based on need (percentage of students qualifying for freed and reduced lunches). A representative from The State Theatre will contact you to report on the status of your grant after an award decision has been made. We appreciate your support of our educational programs, and endeavor to make our programs available to all of the schools and children in our community who wish to attend. To this end, we do not charge for performances and presentations, and will assist, as funds allow, in underwriting transportation to and from our historic theater.

(Please note that grants are awarded solely at the discretion of The State Theatre.)

Date: _____

Percent enrollment in free or reduced-price meal program: _____

School Name and District: _____

School Contact: _____ Title: _____

School Address: _____

City: _____ State: _____ ZIP: _____

Contact Email: _____

Has your class attended a Youth Ed program before: _____ If so, when: _____

Program Attending: _____

Program Date: _____ Program Time: _____

Number of students attending: _____ Teacher Name: _____ Grade Level: _____

Please fax/send your completed form to Sue Richardson at (209) 527-4520 or srichardson@thestate.org

For Office Use Only



Date request received: _____

Check requested/ date: _____

Responded to applicant via: _____

Applicant notified via: Email _____ Phone call _____

Eemail _____ Phone call _____

Amount of Check: _____

Date of response: _____

Date check mailed to applicant: _____