

Marc-Olivier Wahler depARTure Fund Application

Name: _____

Address: _____

City and zip: _____

Email: _____ c. _____

depARTure destination: _____

depARTure date: _____

Why I am interested in this particular depARTure:

Institution where applicant is a Resident, intern or student: _____

Why support funding is requested:

Stipulations: The recipient of Fund support may not transfer a depARTure reservation to any other individual. Fund recipients agree to write a thank you letter or note to be delivered to Art League following the trip.

Applicant's Signature: _____ date: _____

Mail to Art League Fund depARTures | 314 S. Park Street | Kalamazoo MI 49007

date received _____