



“The Life and Work of Thomas Paine” Assembly Grant Application

Name of School: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____ Website: _____

Will the Thomas Paine assembly be presented in conjunction with the current student curriculum?: Yes No

If not, how would you want the assembly to effectively connect with the current curriculum (use back of application or attached an additional page if needed)?:

When are you interested in hosting a Thomas Paine assembly?: _____ What grade levels will be involved?: _____

How many classes/students will be in attendance?: _____

Will volunteers be available to assist with set-up and a break-down of show paraphernalia?: Yes No

Is there a male teacher or school official that will agree to portray the adult Thomas Paine?: Yes No

If so, please provide the name and email contact information: _____

Where would the assembly take place (auditorium, gymnasium, classroom)?: _____

Does the school have a screen to use for a PowerPoint show? Yes No

Would the Thomas Paine Foundation be allowed to take photos and film the event?: Yes No

Will parents be invited to this assembly?: Yes No

Can the Thomas Paine Foundation count on any parent volunteers?: Yes No

Please list interested teachers/hosts with contact information for each:

Name: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Phone: _____ Fax: _____ Email: _____