



# ED. INSITUATION/YOUTH ORGANIZATION SPEAKER REQUEST FORM

This request form must be filled out completely – including signatures. There is limit to one application per calendar year limit for each organization and/or target audience. The application processing fee is \$75. Form and payment must be submitted at least 30 days before the program date.

Check if at least 50% of the students are eligible for the Free or Reduced Lunch program. Processing fee for these schools for first program is \$60.

Speaker Name: \_\_\_\_\_

Program Title from Catalog: \_\_\_\_\_

Program Date: \_\_\_\_\_ Program Start Time: \_\_\_\_\_

Program Location \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

\_\_\_\_\_  
(Name of building plus street address)

**HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER?** YES  NO

Your Organization's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_

Second Contact Phone: \_\_\_\_\_ Second Contact Email: \_\_\_\_\_

### HOME OR ORGANIZATION ADDRESS TO WHICH HUMANITIES NEBRASKA SHOULD MAIL CONFIRMATION MATERIALS TO YOU

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

(Continue application on next page)

#### For Humanities Nebraska Use Only

Application # \_\_\_\_\_ Date received \_\_\_\_\_

Request # \_\_\_\_\_ for calendar year \_\_\_\_\_

Received \$ \_\_\_\_\_ processing fee on \_\_\_\_\_ from \_\_\_\_\_

check # \_\_\_\_\_ or ( ) credit card or ( ) online payment

GL ID 6230 \$ \_\_\_\_\_ honorarium GL ID 6115 \_\_\_\_\_ miles \$ \_\_\_\_\_ GL ID 6115 \$ \_\_\_\_\_ per diem

PROGRAM ID 13 FUNDER ID \_\_\_\_\_ LOCATION ID 1002 PROCESSING DATE \_\_\_\_\_

**Describe your goals/vision for this program and how it relates to your curriculum or organizational mission:**

**How do you plan to prepare attendees for the program and what will the follow-up be afterwards?**

**I ASSURE THAT MY ORGANIZATION WILL:**

- Acknowledge HN funding in all print materials, media interviews, and at the beginning of the presentation,
- Not charge a fee for the program,
- Display HN poster,
- Prepare program attendees and followup with attendees after the program,
- Notify HN and the speaker immediately of any changes concerning the program (including cancellations),
- Guarantee that an authorized adult will be present during the entire program,
- Not use HN Speakers Bureau presentations as classroom replacements or fundraisers, AND
- Submit a final report within 10 days after the completion of the program.

**I CONFIRM THAT:**

1. The organization requesting this program is an educational institution or a youth organization.
2. I have read and understand the policies and procedures set forth by HN for this category. (These are located on the HN website at: <http://www.humanitiesnebraska.org>)
3. I understand that failure to comply with the above requirements may jeopardize my organization's eligibility for future programs and/or funding.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Organization's Legal Representative Signature (if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE RETURN FORM AND MAKE CHECK OUT TO:**  
HUMANITIES NEBRASKA  
215 CENTENNIAL MALL SOUTH, SUITE 330  
LINCOLN, NE 68508

If you have any questions please contact our office by calling 402-474-2131 or emailing [info@humanitiesnebraska.org](mailto:info@humanitiesnebraska.org). We are more than happy to provide any necessary assistance!