



THE FARMERS' MUSEUM

## School Programs Scholarship Application

Read all instructions carefully, and call (607) 547-1461 if you have any questions.

Name of School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

School District (if applicable): \_\_\_\_\_

School Federal Employer Identification Number (FEIN #) (**Required**):

\_\_\_\_\_

(Note: This number is NOT the same as the Tax I.D. #. Please consult your Business Office if you are unsure of this number.)

Primary Teacher Applicant Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number/Extension: \_\_\_\_\_

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Number of Students Participating in Field Trips: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Number of Free Adult Chaperones (including teachers): \_\_\_\_\_ *Note that we offer complimentary admission to adult chaperones at a ratio of one chaperone per 10 students. Please refer to the information sheet for more details on this policy.*

Number of One-on-One Aides: \_\_\_\_\_ *Aides assigned to a specific student receive free admission.*

Number of Additional Adult Chaperones: \_\_\_\_\_

**Total Number of Attendees:** \_\_\_\_\_

Have you visited our museums before: Yes      No    (please circle one)

If you have visited before, please explain why you choose to return:

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**Budget**

Please indicate the requested expenditures for admission and busing. See the Information sheet for an example budget on page 2.

<b>Expenditure</b>	<b>Total Cost</b>	<b>Description</b>
Program Cost		
<b>Total Scholarship Request</b>		

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**Percentage of Free or Reduced Lunch**

<b>Number of Students</b>	<b>Percentage</b>

What curriculum objectives do you hope to meet through your visit?

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**Agreement**

*If awarded a scholarship, I agree to comply with all requirements of this scholarship application and to submit a detailed invoice, including applicable copies of receipts for expenses upon completion of the field trip. Any funds not expended for this field trip will be returned. I also agree to have all classes receiving scholarship funding send thank*

*you notes to the museums within 60 days of the trip which can be shared with the donors who fund scholarships.*

Printed Name of Primary Applicant:

\_\_\_\_\_

Primary Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Required Official School Approval** (to be completed by Principal or Superintendent) *I have reviewed the completed application and support this field trip project.*

Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_