FENIMORE ART MUSEUM

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: _____

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:

Budget

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

Expenditure	**Total Cost**	**Description**
Program Cost		
Total Scholarship Request		

Percentage of Free or Reduced Lunch

Number of Students	**Percentage**

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

_____

_____

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: _____