



FREDERIK MEIJER Gardens & Sculpture Park

Fax: 616-957-5792

To: _____

Scholarship Application

_____ school name

_____ school address

_____ school district

wishes to apply _____ for transportation assistance

or

_____ for admission assistance

for our field trip to Frederik Meijer Gardens & Sculpture Park

on _____ at _____
date time of visit

This serves to verify that _____% of our students meet the federal guidelines & qualifications for additional supportive services i.e. "free or reduced lunch" under the federal government Title 1 Program Grant.

_____ Name of Principal (Please print) _____ Principal Signature

School phone: _____

School fax: _____

Best time to call: _____

Please list each classroom teacher attending:

Grade(s) _____

Total # of Students

Total # of Chaperones

We anticipate needing _____ buses.