



FREDERIK MEIJER Gardens & Sculpture Park

Fax: 616-957-5792

To: _____

Scholarship Application

_____ (school name) of the

_____ (district) wishes to apply

_____ for transportation assistance

or

_____ for admission assistance

for our field trip to Frederik Meijer Gardens & Sculpture Park on

_____ (date) at _____ (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.

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.