



# 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.