

# **-2009-2010 APPLICATION-**

## **Environmental Education Transportation Fund**



*For office use only. Date Received:*

*(Please Print Clearly)*

Applicant Name: \_\_\_\_\_

Applicant Position: \_\_\_\_\_

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

School District Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

Total number of students who will participate in the field trip: \_\_\_\_\_

Specific grade(s)/class(es): \_\_\_\_\_

Method of transportation: \_\_\_\_\_ Estimated number of miles round trip: \_\_\_\_\_

Estimated total cost of transportation: \_\_\_\_\_ Amount of funds requested: \_\_\_\_\_

What science or other educational goals will be addressed by this field trip? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how this field trip will connect to your in-class instructional goals, including any pre- and post- field trip activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Reverse

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## **Environmental Education Transportation Fund**

I, the undersigned, approve the submission of this application and the implementation of the field trip herein described. All signatures are required in order for the application to be considered for funding.

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Signature of Applicant

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Date

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Signature of Authorized School Administrator

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Date

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Printed Name & Title of Authorized Administrator

**Applications will be accepted through May 1, 2010 for consideration during the 2009-2010 school year. Funds will be awarded on a first-request, first-served basis for eligible applications.**

**Mail or Fax your completed application to the information below.**

Adam Barnes  
Holliday Park & Nature Center  
6363 Spring Mill Road  
Indianapolis, IN 46260  
Phone: 317-327-7180  
Fax: 317-327-7228