



School / Program Name \_\_\_\_\_

Grade / Age \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you scheduled your trip? \_\_\_\_\_ If yes, please give the date and time of field trip \_\_\_\_\_

The following information is required for grant reports to our scholarship donors.

Information given should be about the specific group/class of students who will be visiting the Grand Rapids Children’s Museum. Please indicate the number of students by Race/Ethnicity for your group/class.

Caucasion \_\_\_\_\_ African-American \_\_\_\_\_ Hispanic \_\_\_\_\_

Asian \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

Total number of students in your group/class \_\_\_\_\_

What percentage of your group/class utilizes reduced/free lunch? \_\_\_\_\_

Household income range of the majority of students in your group class:

\$0 – 20,000       \$21,000 – 35,000       \$35,000+

How much of the cost of the field trip can your program pay? \_\_\_\_\_

Number of adults visiting: \_\_\_\_\_

Please write a brief statement describing the population of your group/class and what you hope they will gain from their experience at the Grand Rapids Children’s Museum: \_\_\_\_\_

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

Response \_\_\_\_\_ Date \_\_\_\_\_ Approved By \_\_\_\_\_ Scheduler \_\_\_\_\_ Confirmation Sent \_\_\_\_\_

