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GenCorp Foundation Transportation Scholarship Application
Please complete and fax application to The Museum of Flight at 206-764-5707
Attn: Jamie Kelley, Education Services Coordinator

This scholarship is provided by the generous support of GenCorp Foundation and is intended to provide a reimbursement for bus transportation to The Museum of Flight for an education program (Aviation Learning Center, Challenger Learning Center, or Sleepover programs). Each school group will be responsible for scheduling their transportation to the Museum. Upon receipt of a copy of the invoice from their transportation vendor, The Museum of Flight will reimburse the group for their transportation costs, not to exceed \$200.00. Teachers may apply for this scholarship *one time per calendar year*. Participating schools must have at least 35% of students receiving Free and Reduced Lunch. **This scholarship is not limited to schools in Washington State.** The Museum of Flight reserves the right to change or revise the scholarship criteria at any time.

CONTACT PERSON:

SCHOOL INFORMATION:

NAME _____ TITLE _____

SCHOOL _____

GRADE / CLASS _____

SCHOOL ADDRESS _____

PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

Which program would you like to reserve? (Please circle one):

- Aviation Learning Center
- Challenger Learning Center
- Aviation Learning Center Sleepover
- Challenger Learning Center Sleepover

SCHOOL DISTRICT NAME _____

DAY TIME PHONE NUMBER (Including Area Code) _____

FAX NUMBER (Including Area Code) _____

Date of Program: _____

School/organization has _____ % of students on Federal Free/Reduced Lunch

Please estimate the travel cost for your group:

CONTACT SIGNATURE: _____

PRINCIPAL/DIRECTOR SIGNATURE: _____

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

E-MAIL ADDRESS

Number of years your school or organization has reserved programs at The Museum of Flight:

- 1st year
- 2nd or 3rd year
- 4th or 5th year
- 6th year or more

The Museum of Flight Office Use Only:

Coordinator/Cost Center: _____

Total Cost of Program: \$ _____

Program Request: _____

Total Cost of Transportation: _____

VISTA #: _____

Transportation Scholarship Amount Awarded: _____

The Museum of Flight Authorization Signature: _____

GC#_____

Please answer the following questions to the best of your ability. Attach an additional sheet of paper, if necessary.

- How many students will attend the program?
- What is your school's free and reduced lunch percentage?
- How did you hear about this opportunity?
- Why did you choose a program at The Museum of Flight?
- How does this program fit in with your curriculum goals?
- What will students and teachers gain by attending this program?