



### Museum Access Fund – Financial Aid Request

If a financial hardship exists for your school, you may apply for assistance to cover program fees (not available for transportation cost or booking deposit). Please fax this completed form to School and Teacher Services at the Museum or Sea Center AT LEAST 4 WEEKS prior to your desired visit. You will be notified promptly of assistance availability **by email**. Fax applications to (805) 569-3170

#### Visit Details

##### Visit Confirmation Number:

Museum Visit \_\_\_\_\_

Sea Center Visit \_\_\_\_\_

School \_\_\_\_\_ Date of Visit (s) \_\_\_\_\_

District \_\_\_\_\_ County \_\_\_\_\_

Teacher in Charge \_\_\_\_\_

Grade Level \_\_\_\_\_ # of Classes \_\_\_\_\_ # of Students \_\_\_\_\_ # of Chaperones \_\_\_\_\_

E-mail \_\_\_\_\_ Personal Phone # \_\_\_\_\_

Percentage of students enrolled in federal free or reduced price meal program \_\_\_\_\_

Museum Programs and Total Fees (See Visit Confirmation): \_\_\_\_\_

#### Identify additional funding sources you are using for this field trip.

(For other field trip costs such as transportation, lunches, etc.)

- \_\_\_ Service organizations (Kiwanis, Lions, etc.) \$ \_\_\_\_\_
- \_\_\_ Parent organizations (PTA, PTO, etc.) \$ \_\_\_\_\_
- \_\_\_ Student fundraising efforts \$ \_\_\_\_\_
- \_\_\_ Parents of participating students \$ \_\_\_\_\_
- \_\_\_ Grants \$ \_\_\_\_\_
- \_\_\_ Other \$ \_\_\_\_\_
- \_\_\_ None ---

**Total** \$ \_\_\_\_\_

*I do hereby certify that the statements on this application form for financial aid are true.*

Signature \_\_\_\_\_ Date \_\_\_\_\_