

Secchia–Allen Student Transportation Fund

Bus Funding Request Form Gerald R. Ford Presidential Museum

School District: _____

% of Students at Risk in District: _____

School Name: _____

Area Code & Phone Number: _____

Teacher: _____

Principal: _____

Middle School Class Subjects: _____

High School Class Subjects: _____

Number of Buses Requested: _____

Estimated Cost: \$ _____

Teacher's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

PLEASE NOTE

If considering charter buses, you **must** get prior approval from the Museum.

Bus funding is **not** considered without first scheduling a firm date to visit the Museum.

Please return completed form by one of the following methods:

Email: FieldTrip@nara.gov

Fax: 616.254.0386

U.S. Mail: Gerald R. Ford Presidential Museum
303 Pearl Street NW
Grand Rapids, MI 49504

Museum Use Only

Date of Request: _____

Funding Approved: Yes: ___ No: ___

Received by: _____

Reason for Denial: _____

Final Invoice Received: _____

Pending Availability of Funds: Yes: ___ No: ___

Final Bus Cost: _____

Date Notified of Approval / Denial: _____

Date Submitted for Payment: _____

Notified by: _____