Secchia–Allen Student Transportation Fund

Bus Funding Request Form
Gerald R. Ford Presidential Foundation

School District: ____________________________
% of District Students at Risk: ________________
School Name: ______________________________
Phone Number: ____________________________
Teacher: _________________________________
Date of Visit: ______________________________
Name of scheduled class: ____________________
Number of Buses Requested: ________________
Estimated Cost: $__________________________
(Amount must be filled in for approval)
Teacher’s Signature: _______________________
Date: _____________________________________
Principal’s Signature: ______________________
Date: _____________________________________

PLEASE NOTE:
• If considering charter buses, prior Foundation approval is required.
• Bus funding granted once a date has been reserved to visit the Museum.
• The Secchia-Allen Student Transportation Fund does not cover driver stipend or meals
• Final invoices must be submitted within 90 days of field trip date to be paid

Return completed form using one of the following methods:
• Email: fieldtrip@38foundation.org
• Fax: (616) 254-0403
• Mail: Gerald R. Ford Foundation
  Attn: Bus Fund
  303 Pearl Street N.W.
  Grand Rapids, MI 49504

For questions please call:
Kristy Lecceadone
616-254-0396

Foundation Use Only

Date of Request: ____________________________
Funding Approved: Yes: ___ No: ___
Amount Approved: _________________________
Reason for Denial: _________________________
Pending Availability of Funds: Yes: ___ No: ___
Date Notified of Approval / Denial: ___________
Notified by: _______________________________