

Secchia–Allen Student Transportation Fund

Gerald R. Ford Presidential Museum Bus Funding Request Form

School Name: _____

School District: _____

% of District Students at Risk: _____

Area Code / Phone Number: _____

Teacher: _____

Principal: _____

Date of Class Visit: _____

Number of Students: _____

Number of Buses Requested: _____

Estimated Cost: \$ _____

Teacher's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

PLEASE NOTE:

If considering a charter bus, prior Museum approval is required.

Bus funding will be granted once a date has been reserved to visit the Museum.

The Secchia-Allen Student Transportation Fund does not cover driver stipend or meals.

Return completed form using one of the following methods:

Email: fieldtrip@nara.gov

Fax: (616) 254-0386

Mail: Gerald R. Ford Museum
303 Pearl Street N.W.
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: _____