

# *Secchia–Allen Student Transportation Fund*

Bus Funding Request Form to the  
Gerald R. Ford Presidential Museum

School District: \_\_\_\_\_

Grade Level: \_\_\_\_\_

% of Students at Risk in District: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

Area Code / Phone Number: \_\_\_\_\_

Bus Information\*

Fax Number: \_\_\_\_\_

Number of Buses Requested: \_\_\_\_\_

Principal: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_

Teacher: \_\_\_\_\_

**\*Please note: If considering charter buses,  
you must get prior approval. Bus funding is  
not considered without a firm date to visit  
the Museum.**

E-mail Address: \_\_\_\_\_

Middle/High School Class Subjects: \_\_\_\_\_

\_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **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: \_\_\_\_\_