Stafford Air and Space Museum

Field Trip Grant Application

Date: _____

School Name _____

Town Name _____

Students Grade _____

# of Students/ # of Adults _____

Grant Award worth $1.00/mile and full admission to the museum for all students and teachers.

Contact Name: _____ **Phone Number:** _____

Email Address: _____

Mailing Address: _____

Briefly explain why your school need funds for a field trip to the Stafford Air and Space Museum.

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