



# Fueling the Future Grant Application

*Fueling the Future of exploration, one bus at a time.  
"We are the children of explorers; maintain the legacy."*

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## School Information

- **School Name:** \_\_\_\_\_
  - **School District:** \_\_\_\_\_
  - **School Address:** \_\_\_\_\_
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- **Primary Contact Name:** \_\_\_\_\_
  - **Position/Title:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
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## Field Trip Information

- **Date of Scheduled Visit to the Stafford Air & Space Museum:**  
\_\_\_\_\_
- **Number of Students Attending:** \_\_\_\_\_
- **Grade Level(s):** \_\_\_\_\_

**Note: A minimum of 20 students is required to qualify for reimbursement.**

- **Transportation Details:**
    - Type of vehicle(s) used: \_\_\_\_\_  
(Example: School Bus, Activity Bus, Van)
    - Estimated Roundtrip Mileage: \_\_\_\_\_
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## Grant Request Information

- **Estimated Fuel Cost:** \$ \_\_\_\_\_  
(Maximum reimbursement: \$250)

- **Will the school need a W-9 Form for reimbursement processing?**  
 Yes  No
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## Agreement

By submitting this application, I acknowledge that:

- I understand that reimbursement is for fuel costs only and up to \$250.
- I confirm that **a minimum of 20 students will attend the field trip.**
- I agree to submit an itemized fuel receipt and brief trip summary after the field trip.
- I understand that reimbursement will be processed after the field trip and upon submission of required documentation.
- I agree that funds are limited and grants are awarded on a first-come, first-served basis.

**Signature:** \_\_\_\_\_

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

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## Submit Completed Applications To:

**Stafford Air & Space Museum Foundation**

c/o: Grant Program

3000 Logan Road, Weatherford, OK 73096

Or Email to [salessandevents@cityofweatherford.com](mailto:salessandevents@cityofweatherford.com)

[www.staffordmuseum.com](http://www.staffordmuseum.com)

(580)772-5871