|   CMF Adopt a School Application |
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| Organization/school Information |
| Name of School or Organization: |
| Address: |
| City: | State: | ZIP Code: |
| Phone: | Principal or Director:  |
| School Classification: Private Public Child Care Center Charter  |
| Percentage of economically disadvantaged students in your organization/school or receiving free or reduced lunch: |
| How did you hear about the CMF Adopt A School program? |
| Applicant Information |
| Your Name: |
| Position at School or Organization: |  |
| Phone: | E-mail: |  |
| Number of Students on Field Trip:  | Number of Chaperones: |
| \*Note: At least, one adult chaperone is required for every five students. |
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| **Explain why you deserve to have financial help from the CMF Adopt A School Program:**Please tell us why your class needs financial assistance to visit the Children’s Museum of Findlay. If you are able to subsidize some portion of the cost of admission, please provide that amount here. Responses must indicate some financial barrier to a field trip. |
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| Signatures |
| **Schools or Organizations awarded a field trip are required to:*** Complete a brief evaluation within a week of the field trip.
* Have principal or director’s permission to take this field trip.
* Are responsible for transportation to and from the museum.
* Note: One CMF Adopt A School funded visit is permitted per student, per school year.
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| Signature of applicant: | Date: |