



AMERICA'S CAR MUSEUM® Education Group Visit Scholarship Application

To ensure all students have access to meaningful learning experiences at America's Car Museum, scholarships may be available for free or reduced-cost visits as well as reimbursements for transportation expenses. To qualify for ACM's Education Group Visit Scholarship Program, your school or non-profit educational organization must have students participating in a federal free or reduced price lunch program. Groups with 40-65% of its students participating in a federal lunch program may receive a 50% discount on student admission and workshop fees. Groups with 65% or more of its students participating in a federal lunch program may receive a 100% discount on student admission and workshop fees and be eligible for reimbursements for transportation expenses. Applications are accepted on a rolling basis when scholarship funds are available. Please note that scholarship funds can't be applied towards admission fees for additional chaperones (who exceed the required and complimentary 1:10 ratio), Speed Zone tickets, or souvenir kits. To apply for ACM's Education Group Visit Scholarship Program, please return the completed form below by fax # 253-779-8499 or email to education@lemaymuseum.org.

Name of School/Organization: _____
School/Organization Address: _____
County: _____ **District:** _____
Phone #: _____ **Fax #:** _____
School/Organization Website Address: _____
Contact Person Full Name: _____
Contact Person Title/Position: _____
Contact Person Email: _____
Grade(s) of Students Participating in Education Group Visit: _____
Anticipated # of Students Participating in Education Group Visit: _____
Anticipated Field Trip Date/Time: _____

Reimbursement Request for Transportation Expenses

A maximum of \$300 may be awarded to qualifying schools when scholarship funds are available. After your group visit, a copy of your transportation company's invoice must be provided before a reimbursement check will be mailed to your school/organization.

Round-trip Distance (in miles): _____ Estimated Cost of Transportation: \$ _____
 Name of Transportation Company: _____

Authorization from Principal/Director:

As of _____ (today's date), our School/Organization has _____% of its students participating in a federal free or reduced price lunch program.

Principal/Director Signature: _____
 Print Full Name: _____