

**Field Trip/Outreach Scholarship Application**

**2017-2018 Season**

**Scholarship will cover all fees for 35 students participating in:**

* **1 Program at the Sacramento History Museum**

**OR**

* **1 Outreach Presentation at you school site.**

**School/Organization:**

**School Address:**

**City: State: Zip:**

**Contact Person:**

**Phone: Email:**

**Please check all that apply to school/organization:**  **Low Income  Title 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Students** | **Grade Level** | **Number of Teachers** | **Number of Chaperones** |
|  |  |  |  |

**Applicants MUST send in this form with the Field Trip Request Form to be considered for the scholarship.**

**Please allow two weeks for response. Forms may be submitted via fax, email or mail.**

**Signature:**   **Date:**



**Field Trip/Outreach Request Form**

|  |  |
| --- | --- |
| Last Name | First Name |
| School/Group Name Grade Level/ Age Group | |
| School Address | |
| Contact Phone | Contact Email |
| **Teacher Names(s):** please include Miss, Ms., Mrs., Mr. | |

**I am interested in:** Visiting the Sacramento History Museum (You come to us!)Outreach Programs (We come to you!)

**Have you visited us before?** YesNo

**If no, how did you hear about our field trip opportunities?**

Word of MouthPublic Programs Brochure Internet Personal Visit to the Museum

If Internet, please specify where:

  Click here to enter text.

**What Programs Would You Like To Schedule?**

**Indoor Museum Programs (1 hour each)**

Gold Rush w/ Gold Panning **(1.5 hrs.)**  Museum Scavenger Hunt  Nisenan

Head West  Guided Museum Tour  May Woolsey

Historic Print Shop **(30 minutes)**  California’s Agriculture  Anchors Away

**Outdoor Museum Programs (1 hour each)**

Underground Tour  The Gold Fever! Tour

Old Sacramento Scavenger Hunt   Gold Panning **(30 minutes)**

**How many of each of the following will be attending?**

|  |  |  |
| --- | --- | --- |
| Students | Teachers | Chaperones |
|  |  |  |

**Preferred Dates & Times For Program(s)**

|  |  |  |
| --- | --- | --- |
| ***1st Preference*** | ***2nd Preference*** | ***3rd Preference*** |
| Date | Date | Date |
| Time | Time | Time |

**Notes or Comments?**

Please note that this is not a program confirmation. This request form does not guarantee you the program, date or time requested above. Please allow one business week to receive a response to request. Request forms can be submitted via email, fax or by mail.

*Educational and Interpretive Programs*

*Sacramento History Museum*

*101 I Street*

*Sacramento, CA 95814*

*Fax (916) 264-5100*