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**Field Trip Scholarship Application**

**2024-2025 School Year**

**Scholarship will cover all fees for one class and one program at the**

**Sacramento History Museum.**

**School/Organization:** Click here to enter text.

**School Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text.**Zip:** Click here to enter text.

**Contact Person:** Click here to enter text.

**Phone:** Click here to enter text. **Email:** Click here to enter text.

**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 email or mail.**

**Signature:** Click here to enter text. **Date:**

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**In-Person Field Trip Request Form**

|  |  |
| --- | --- |
| Teacher’s / Organizer’s First Name | Teacher’s / Organizer’s Last Name |
| Teacher’s / Organizer’s Contact Phone | Teacher’s/ Organizer’s Contact Email |
| School/Group Name Grade Level | |
| School Address | |
| **Teacher Name(s) for All Teacher(s) Attending for Gold Rush or Print Shop Program ONLY:** please include Miss, Ms., Mrs., Mr, Mx, etc | |

**What Program(s) Would You Like To Schedule?**

**Museum Programs (1 hour unless specified)**

Gold Rush w/ Gold Panning **(1.5 hrs.)**  Head West **(1.5 hrs.)**

History Mystery  Underground Tour (**limit of 25 people, for 3rd grade and up**)

Old Sacramento Scavenger Hunt  Museum Scavenger Hunt  Cemetery Tour **(1.5 hrs.)**

Historic Print Shop **(30 minutes)** Gold Panning **(30 minutes)**

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

|  |  |  |
| --- | --- | --- |
| Students (Minimum 10 Students) | Teachers/ Staff/ Aides | Chaperones/ Other Adults |
|  |  |  |

**Preferred Dates & Times for Program(s)-** Programs available from 10AM-3:30PM

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

**Notes or Comments?**

Please note that this is not a confirmation. This request form does not guarantee you the program, date or time requested above. Program is confirmed once you receive an invoice. Payment is required one week before program.

**CANCELLATION POLICY**- We require a 1-week notice to cancel or reschedule programming. We will not issue a refund for cancellation less than 1 week from the original field trip date. If cancellation occurs less than 1 week before to a scheduled program, you must talk to someone from the education department to confirm your cancellation. **No Shows, No Calls will be charged the full balance in addition to the $50** **late fee**.

Sacramento History Museum \* 101 I Street Sacramento, CA 95814 \* (916) 808-6896 \*

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