Aristotle Program Funding
Application

School Information

School Name

Contact ______________________  E-mail __________________ Phone #__________________

County ______________________  District ______________________

Current percentage of students eligible for free or reduced school lunches (please include the % for each school building that will be attending) __________________________

___________________________________________________________________________

___________________________________________________________________________

Total No. of students expected to attend the field trip ____________

Statement of Need

Please write a brief statement as to the reason your school needs funding for this field trip:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

How are your school field trip expenses usually covered? __________________________

___________________________________________________________________________

Is your school able to visit the Weather Discovery Center if you don’t receive the subsidy?

_____Yes  _____No  _____Not sure