

## Mary Jean Johnston Education Fund Application

## **School Information**

School Name			
Contact	E-mail	Phone #	
County	District		
each school building th	at will be attending)	uced school lunches (please includ	
			_
Total No. of Students e.	rpected to attend the neid trip		
Statement of Need			
	•	chool needs funding for this field tr	
			·
		ed?	
		ter if you don't receive the subsidy:	·
YesNo	_Not sure		