



Received: _____
 Emailed: _____
 Approved: _____

Pasadena Educational Foundation Field Trip Grant Request Form

Today's Date: _____
 School: _____
 Name of teacher: _____
 Phone number: _____
 Email: _____

Return this form to:
Pasadena Educational Foundation
 351 S Hudson Ave Rm 153
 Pasadena, CA 91101
 Tel: (626) 396-3625
 Fax: (626) 577-6733
 Email: kgutierrez@pasedfoundation.org

Field Trip Name: _____
 Date of field trip: _____ Time of field trip: _____
 Grade level of students: _____ # of students attending: _____
 Where are you planning to go? _____
 How does the trip relate to the curriculum?

If approved (and to save time) please list, the payee and the amount for the checks to be written to support your field trip. *

	Name of Payee	Amount
1)		\$
2)		\$
3)		\$
Total		\$

*If you would like the check payable to you to pay for admission tickets, bus, or other expenses, please indicate so above and remember to submit all receipts.

*If the check is to be made payable to PUSD Transportation, please provide the invoice number below. It is the applicant's responsibility to submit all bus requests to PUSD Transportation. Please do not submit unprocessed forms to PEF.

PUSD Transportation invoice #: _____

Please let us know where you would like the checks mailed.

- Mail check to the following address (if via district mail please provide school name only):

- Hold for pick up. When check is ready please
 call me email me

Principal/ Department Head Signature

Print name

Request will be reviewed and if approved, you will be notified.
Grant recipients are required to submit and evaluation form upon completion of activity.
To download this form please visit <http://pasedfoundation.org/grants/forms/>