



Received: \_\_\_\_\_  
 Emailed: \_\_\_\_\_  
 Approved: \_\_\_\_\_

## 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: [mjimenez@pasedfoundation.org](mailto:mjimenez@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/>**