



## SCHOOL SCHOLARSHIP APPLICATION

Please fill out this entire form.

Incomplete or illegible applications will not be considered.

### I. School Information

Name of School: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Principal: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone for Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Grades Served: \_\_\_\_\_ Total Enrollment: \_\_\_\_\_ Year Round School: YES NO

Does your school receive Title I funding? YES NO

Does your Private School qualify? YES NO

Only Private, Non-Profit Schools receiving funding for low income children through the State of California may apply.

### II. Program Information

Please indicate the type of program you are requesting:

- Admission only
- Admission and Theater program (up to 140 students and 14 chaperones per program)
- Admission and Classroom program (up to 40 students and 4 chaperones per program)
- Aquarium on Wheels Program (held at your school, up to 150 students per program)

### III. Field Trip Information

Please indicate the significant dates or time periods during which you **will not** be able to come to the Aquarium (include vacations, minimum days, testing periods, etc.).

What is the earliest time are you able to arrive at the Aquarium? Remember to allow for bussing constraints and traffic. (please be specific) \_\_\_\_\_

Does your group have any special needs that may impact your visit? Please describe:

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Provide the following information about the groups requesting scholarship support:

Teacher's Name	# of Students	Grade Level
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

#### **IV. Letter of Support (applications without a letter of support will not be considered)**

We would like to know more about your desire to visit the Aquarium of the Pacific. Please write a one-page letter on school letterhead indicating the following:

- Why you would like your students to visit the Aquarium - how do you believe your visit will benefit your students;
- What alternative resources have you turned to before requesting scholarship support from the Aquarium; and
- How your school, district, PTA or other constituencies will support your trip.

### **SCHOLARSHIP GUIDELINES**

We appreciate your interest in the *Aquarium of the Pacific*. The primary intent of the School Scholarship Program is to minimize the financial barrier and enable schools with few or no resources to visit the Aquarium and benefit from our educational programs.

We will acknowledge receipt of your application by phone within 4-6 weeks of postmark or fax receipt date. If you have not been contacted after six weeks you are welcome to check on the status of your application by calling (562) 951-1649. **Scholarships may not be used for trips already scheduled.**

Support is contingent upon the availability of funds and the level of need. We cannot guarantee or predict the availability of funds. Should funds be unavailable at the time your application is approved your school will be placed on a waiting list for funding. Schools remain on the waiting list until they can be served. If your school is waitlisted it is not necessary to re-submit until your school has attended. Donors may designate specific schools that they want to sponsor, in which case we will work with the school administration office to book the visit(s).

We are grateful to the donors who have made the Scholarship Fund possible and we are working hard to raise continued support. Because funds are limited, we ask that applicants exhaust all funding options before turning to the Aquarium for scholarship support. Scholarship recipients will be asked to participate in thanking specific donors, when appropriate. Letters of support may be used to help raise scholarship funds in the future.

Applications should be mailed to the attention of "Scholarship Application Processing" at the address listed at the bottom of this page or emailed to [aopscholarship@lbaop.org](mailto:aopscholarship@lbaop.org). You may also fax your application to (562) 951-1629. We strongly suggest confirming receipt of your fax, as we cannot be responsible for transmission errors.

If you have additional questions after reviewing the application, please call the Guest Support Center at (562) 590-3100 between 8am and 5pm daily.