



In Association with the Smithsonian Institution

Scholarship Application

Please mark an "X" next to only one of the educational events you are requesting a scholarship for:

<input type="checkbox"/>	Field Trip
<input type="checkbox"/>	Simulated Space Mission

Professional Information

School					
District					
Address (line 1)					
Address (line 2)					
City		State		Zip	
Contact Person					
Teacher's Email Address					
School Phone (area code)					
School Fax (area code)					
Amount Requested	\$				
Number of Students		Grade Level			

Please answer the Following Questions

1	Please provide a brief description of financial need.
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2 Please provide a brief description of how the scholarship will benefit your school or group.

3 Has this request been previously funded? If so, what year and what was the amount of the grant award? If your answer is yes, please continue to question 4.

4 If you have previously received funds from us, clearly describe the reasons why your field trip/simulated space mission should be considered again for funding.

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5

What co-funding will support this field trip/simulated space mission? For example, what other monies such as your PTA, Booster Club or tax credit funds are part of this event? Would you accept less than the full amount needed to fully fund your field trip/simulated space mission?

Within two weeks of completing your mission or field trip, you are required to submit a letter of appreciation to the Challenger Space Center that will be presented to the appropriate sponsoring organization. **Letters of Appreciation and or Completed Application should be faxed or sent to:**

Education and Programs Scheduler
Challenger Space Center
21170 N. 83rd Avenue
Peoria, AZ 85382
Phone: 623.322.2037
Fax: 623.322.3716

Signature: _____ Date: _____

If applying for a simulated space mission or e-Mission, teacher acknowledges and accepts responsibility for mandatory training.

For Challenger Space Center use only:

Date submitted: _____ Total Requested: \$ _____

Total Award: \$ _____ If not funded, primary reason: _____