



## Grant Assistance Application

Please complete the top portion of this form and fax back to the Education Department at 503-434-4188

### CONTACT PERSON:

Name \_\_\_\_\_

Grade Level / Number of Students \_\_\_\_\_

Phone Number \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

<b>Program being requested:</b> (Please call 503-434-4005)
<b>Name of Program:</b>
<b>Date of Program:</b>

Contact Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### SCHOOL/NON-PROFIT ORGANIZATION:

School / Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School District Name \_\_\_\_\_ District # \_\_\_\_\_

Day Time Phone Number \_\_\_\_\_

Work Email \_\_\_\_\_

Fax Number \_\_\_\_\_

Applicant school/organization has \_\_\_\_\_ % of students on the federal free and reduced lunch program

Number of years your school or organization has received grant assistance from the Evergreen Aviation Museum (please circle one):

- 1<sup>st</sup> year
- 2<sup>nd</sup> or 3<sup>rd</sup> year
- 4<sup>th</sup> or 5<sup>th</sup> year
- 6<sup>th</sup> year or more

Principal / Director Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR MUSEUM PERSONEL

PROGRAM: \_\_\_\_\_

DATE OF PROGRAM: \_\_\_\_\_

DATE OF CONFIRMATION: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

#### FOR MUSEUM PERSONEL

PERCENTAGE OF AWARD: \_\_\_\_\_

TOTAL COST OF PROGRAM: \$ \_\_\_\_\_

GRANT ASSIST. AWARDED: \$ \_\_\_\_\_

SCHOOL GROUP PAYS: \$ \_\_\_\_\_/person

TOTAL COST TO INSTITUTION: \$ \_\_\_\_\_