



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 _____

Program being requested: (Please call 503-434-4005)
Name of Program:
Date of Program:

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):

- 1st year
- 2nd or 3rd year
- 4th or 5th year
- 6th 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: \$ _____

