Secchia–Allen Student Transportation Fund

Bus Funding Request Form
Gerald R. Ford Presidential Foundation

School District: ______________________________

% of District Students at Risk: _______________

School Name: ________________________________

Phone Number: ______________________________

Teacher: ________________________________

Date of Visit: ______________________________

Name of scheduled class: ____________________

Number of Buses Requested: ________________

Estimated Cost: $__________________________
(Amount must be filled in for approval)

Teacher’s Signature: _________________________

Date: ______________________________________

Principal’s Signature: _________________________

Date: ______________________________________

PLEASE NOTE:
• If considering charter buses, prior Foundation approval is required.
• Bus funding granted once a date has been reserved to visit the Museum.
• The Secchia–Allen Student Transportation Fund does not cover driver stipend or meals
• Final invoices must be submitted within 90 days of field trip date to be paid

Return completed form using one of the following methods:
• Email: fieldtrip@38foundation.org
• Fax: (616) 254-0403
• Mail: Gerald R. Ford Foundation
  Attn: Bus Fund
  303 Pearl Street N.W.
  Grand Rapids, MI 49504

For questions please call:
Kristy Lecceadone
616-254-0396

Foundation Use Only

Date of Request: ____________________________

Funding Approved: Yes: ___ No: ___

Amount Approved ___________________________

Reason for Denial: __________________________

Pending Availability of Funds: Yes: ___ No: ___

Date Notified of Approval / Denial: ____________

Notified by: ________________________________