



# Pasadena Educational Foundation

## Field Trip Grant Request Form

Requests will be reviewed and, if approved, notification will be sent to you.

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

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

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

**Return this form to:**

**Pasadena Educational Foundation**  
 351 South Hudson Avenue, Room 153  
 Pasadena, CA 91101  
 Tel: (626) 396-3625  
 Fax: (626) 577-6733

Field Trip Name: \_\_\_\_\_

Grade level of students: \_\_\_\_\_ # of students attending: \_\_\_\_\_

Date of field trip: \_\_\_\_\_ Time of field trip: \_\_\_\_\_

Where are you planning to go? \_\_\_\_\_

How does the trip relate to your curriculum?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If approved (and to save time), please list the payee and amount for the checks to be written to support your field trip.

Name of Payee	Amount
1)	\$
2)	\$
3)	\$
<b>TOTAL</b>	<b>\$</b>

\*\*\*If you would like the check made payable to you in order to pay for admission tickets, bus or other expenses, please indicate so above and save your receipts for the Grant Evaluation.

\*\*\*If the check is to be made payable to PUSD Transportation, please provide invoice number below.  
 PUSD Transportation Invoice #: \_\_\_\_\_

Please let us know where you would like the checks mailed.

Mail check to the following address (if via district mail, please provide school name only):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hold for pick up. When check is ready, please

call me at: \_\_\_\_\_

email me at: \_\_\_\_\_

\_\_\_\_\_  
*Principal / Department Head Signature*

\_\_\_\_\_  
*Name (print)*