School Name  _____________________________________________________________________

School Address  __________________________________________________________________

City __________________________ State ________________ ZIP __________________

School District _________________________________ County _______________________________

Contact: Name _______________________________ Title ________________________________

Phone ____________________________ Alternative Phone ________________________

School Fax _______________________ E-mail ______________________________________

Number of Students _____ Grade(s) _______ Requested Date(s)__________________________

Please list any special needs or abilities of your group __________________________________

I. Calculate Overall Cost

Please note: If approved, scholarships assist with student costs only. Your organization would be responsible for all adult costs and remaining student costs. Sending in a scholarship application does not guarantee funding. If approved, you will receive an email confirmation and an updated invoice.

<table>
<thead>
<tr>
<th>SCHOOL GROUP FIELD TRIP</th>
<th>SCHOOL GROUP OUTDOOR PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school group rate is $6.50 per student, preschool through college. This cost includes admission, a film, and a standards-based school program.</td>
<td>-Select from (circle one): Archery, Fishing, GPS and Geocaching, or Wilderness Survival</td>
</tr>
<tr>
<td>Number of students: _____ x $6.50/student=</td>
<td>-Outdoor programs generally cost $5 to $15 per student; other fees may apply.</td>
</tr>
</tbody>
</table>

Field Trip Cost = $________._____ |

Contact Paul Schoeninger at 303-315-9432 or paul.schoeninger@ucdenver.edu for availability and details.

southdenver.cu.edu
II. REQUEST FOR SCHOLARSHIP FUNDING

Choose a school group field trip or outdoor program:

**SCHOOL GROUP FIELD TRIP**

☐ We are requesting funding in the amount of $_______.____

**SCHOOL GROUP OUTDOOR PROGRAM**

☐ We are requesting funding in the amount of $_______.____

III. ELIGIBILITY

CU South Denver scholarship funds are most frequently awarded to groups that demonstrate financial need. Please indicate the criterion that best fits your school.

☐ My school belongs to Douglas County School District. Disregard below.

**PUBLIC SCHOOLS**

Percentage of students participating in the free and reduced lunch program:

☐ 50% - 74%       ☐ 75% - 100%

**PRIVATE SCHOOLS**

Percentage of students on scholarship: *(please include documentation)*

☐ 50% - 74%       ☐ 75% - 100%

By signing this I authorize the University of Colorado South Denver to photograph, videotape, or otherwise preserve in permanent form the images and likeness of the scholarship recipient class.

Signature: ____________________________________________________   Date: ________________

SEND THIS COMPLETED APPLICATION TO:
Liniger Building at CU South Denver
Attn: K-12 Education
Education Coordinator
10035 S. Peoria St.
Parker, CO 80134
Phone: 303-315-9430
Fax: 303-315-9404
Scan and Email: museumeducation@ucdenver.edu

CU South Denver Scholarship Approval - For Office Use Only

Approved by ____________________________________________________ Date __/__/____

Total scholarship amount approved: $_______.____

Restricted Account(s): ______________________________

Note: ________________________________________________________________________________
________________________________________________________________________________________